## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**1. Corporation Name P97000017364 (5)

HANDS ON BODY, INC.

## **FILED** Apr 22 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		—	
8020 S.W. 18TH TERRACE	8020 S.W. 18TH TERRACE			
MIAMI FL 33155 MIAMI FL 33155				
			DO NOT WRITE IN THI	IS SPACE
			3. Date Incorporated or Qualified 02/20/1997	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 8020 SW 1874 TE	RR 26 80205 W.	1874 TEMA	65-0746295	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	27			Fee Required
23 MINNI, FLORIDA	City & State	TOMDA	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be
Zip Country	Zip	Country	8. This corporation owes or has paid the c	Added to Fees
24 33155 25 DKOC	29 33155 3	3 DAGE	Personal Property Tax due June 30.	Yes No
9, Name and Address of C	urrent Registered Agent		10. Name and Address of New Registere	
DELGADO, MARDA		B1 Name		
8020 S.W. 18TH TERRACE 82 Street Addre			ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33155				
		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 6	709N2 and 907 1408 Florida Walude	the shove parred core	F	
office or registered agent, or both, in the	State of Florida Such change was aut	horized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
agent i am familiar and accept the	onligations at, Segrior 607,0505, Franc	na Statutes (	DENT APRIL 1	
SIGNATURE Sometime typical or probled make of register	not agent and tille it applicated (NOTE 7	Registered Agent signature require	ed when reinstating) DATE	<u> </u>
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	☐ DELETE	1.1 THLE	ICE PRESIDENT	Change Addition
NAME		1.2 NAME	LORIA A OYARZUN 020 S.W. 18TH TERR	ACE 3
STREET ADDRESS		1.3 STREET ADDRESS 2	nikmi, Placida 33	I RIE
CITY-ST-ZIP	DELETE	1.4 CITY-ST-ZIP	TIRMIT PLOULDE 55	
NAME		2.2 NAME		L. Change L. Addition
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - SI - ZIP		2 4 C(1Y - S1 - Z(P		
TILLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		1
City-St-ZiP		3.4. City-St-ZiP		
THEF	L. DELFTE	4 1 THLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St- ZiP	DELF IE	4.4 CITY - ST - 7IP		Ob
NAME		5 1 TITLE		Change L Addition
STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP		5.3 STREET ADDRESS 5.4 CITY+ST-ZIP		İ
TITLE	DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		ļ
CITY-ST-7IP		6.4 CITY-ST-ZIP		
14. Thereby certify that the pilormation supplied	ed with this filing does not qualify for t	he exemption stated in 9	Section 119.07(3)(i). Florida Statutes, I further a	certify that the information

indicated on this annual eport or suppliere with this time dotes the daily for the premisers stated in Section 119.07(3)(i), Florida Statutes. Turther certify that the information indicated on this annual report or supplierental annual report is true and accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivers of finished timpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address

**SIGNATURE:**