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 # P97000053271 (7)

FILED May 06 1998 8:00am Secretary of State

Principal Plac	BODY SHOP, INC.	Mailing Address	-1		
22115 NW 22ND CT MIAMI FL 33142		22115 NW 22ND CT MIAMI FL 33142		DO NOT WRITE IN THIS	s space
				3. Date Incorporated or Qualified	3 31 AOL
				06/16/1997	
2. Principal P	Pace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		LT 65~0760173	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the c	_ · _ ·
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	CEDO, CARLOS		81 Name		
	0-3 SW 40TH ST	1	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33165	'/\ \ \ \	92		
		Mas	83		
		The second secon	84 City		85 Zip Code
				proporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	
	m familiar with, and accept the oblig-		Incida Ctatutae		
SIGNATURE	Signature, typed or printed name of registered agr	onLand title if applicable (NC	Torida Statutes, It: Registered Agent signature rec	Lirred when reinstaling) DATE	ND DIDECTORS IN 10
SIGNATURE	OFFICERS AN	ont and title if applicable (NC DIDIRECTORS	Te: Registered Agent signature rec		
SIGNATURE 12. TITLE	OFFICERS AN	onLand title if applicable (NC	Ilorida Statutes, 11: Registered Agent signature rec 13. 1:1 TITLE	Lirred when reinstaling) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AN PSTD SULCA, ABEL	ond and title if applicable (NO D DIRECTORS DELETE	IDF: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	Lired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AR	Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AN PSTD SULCA, ABEL MOROTFRINTAINSEKUESEKM	ond and title if applicable (NO D DIRECTORS DELETE	It: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND BALLINGS BLUE BLUE	Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PSTD SULCA, ABEL MOROTFRINTAINSEKUESEKM	ont aud title if applicable (NO DIDIRECTORS DELETE	11	ADDITIONS/CHANGES TO OFFICERS AND BALLINGS BLUE BLUE	☐ Change ☐ Addition
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indicated on this annual report or supplied with this limit does his quality for the exemption stated in Section 1.19.07(3)(i). Fronda Statutes. Flurther certify that the information indicated on this annual report or suppliemental annual report is five and accurate and 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 receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a paddregs.

CIGNATURE: