

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

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Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90061 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000066503

1. Corporation Name

MELIN BODY SHOP, INC.

Principal Place of Business  
9630 N.W. SOUTH RIVER DRIVE  
MEDLEY FL 33166

Mailing Address  
9630 N.W. SOUTH RIVER DRIVE  
MEDLEY FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/31/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0771411	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CASTELLANOS, ROMELIO 4342 S.W. 97 CT. RIVER DRIVE MIAMI FL 33165				81 Name HECTOR DELA ROSA	
				82 Street Address (P.O. Box Number is Not Acceptable) 12106 SW 110 ST Cr So	
				83	
				84 City MIAMI FL 85 Zip Code 33186	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE <i>Hector de la Rosa</i> DATE 3/1/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE D PS					
1.2 NAME CASTELLANOS, ROMELIO					
1.3 STREET ADDRESS 4342 S.W. 97 CT.					
1.4 CITY-ST-ZIP MIAMI FL 33165					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true 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 empowered 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 an address, with all other like empowered.

SIGNATURE:

*Hector de la Rosa*  
Signature and Typed or Printed Name of Signing Officer or Director

President 4/9/99 305-221-8126  
Date Daytime Phone #

CR2E034 (1/1/98)