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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075412 1. Corporation Name

BODY SHOP BY TONY INC.

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90012 009 ***150.00

| Principal Plac | e of Business | Mailing Addre | ess | | | | | FB141 BB141 14 | 1801 MIKL MIMEL I | |
|---|---|------------------------|----------------|---|---|-------------------------------------|---|----------------|----------------------------|----------------------|
| 1624 WEST 415 | ST STREET | 1624 WEST 41 | ST STREET | | | | | | | |
| HIALEAH FL 33012 HIALEAH FL 33012 | | | | | | DO NOT WOUT | IN THE | CDACE | | |
| | | | | | | | DO NOT WRITE | IN THIS | SPACE | |
| | | | | | | | 3. Date Incorporated or Qualifed 08/29/1997 | | | |
| 2 Principal D | does of Business | 2a. Mailing A | ddress | | | | 4. FEI Number | | Δnr | lied For |
| | lace of Business | <u> </u> | udiess | | | | 65-0131157 | | <u> </u> | Applicable |
| Suite, Apt. | # etc | 26 Suite, Apt | #. etc. | | | ··· | | | \$8.75 A | |
| 22 | | ├ ── , | 27 | | | | 5. Certifcate of Status Desired | 3 | Fee Red | I . |
| City & Stat | | City & Sta | ate | | | | 6. Election Campaign Financing | _ | \$5.00 | viav Be |
| 23 | | 28 | <u></u> | | | | Trust Fund Contribution | | Added to | |
| Zip | Country | Zip | | Count | try | | 8. This corporation owes the curren | t year Inta | angible | |
| 24 | 25 | 29 | [] | 30 | | | Personal Property Tax. | | ☐Yes | No |
| | 9. Name and Address of Curre | ent Registered Age | nt | | | | 10. Name and Address of New Reg | istered / | Agent | |
| 41.5 | | | | 8 | B1 | Name | | | | 1 |
| | ONZO, MELBA ROSA | | | 8 | 32 | Street Addres | ss (P.O. Box Number is Not Acceptable | e) | | |
| | WEST 41ST STREET | | | L | \perp | | | | | |
| HIAL | EAH FL 33012 | | | 8 | 83 | | | | - | |
| | | | | E | 84 | City | | | 85 Zip C | ode |
| | | | | | | • | | FL | . ' | |
| 11. Pursuant | to the provisions of Sections 607.05 | 502 and 607.1508, F | lorida Statute | s, the abo | ove-r | named corpor | ration submits this statement for the pu n's board of directors. I hereby accept t | rpose of a | changing its i | egistered istered |
| agent. i a | m familiar with, and accept the oblig | gations of, Section 60 | 07.0505, Flori | da Statut | es. | ie corporation | 13 board of directors. Thereby decept | uppon | | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered as | • | (NOTE: | | gent s | ignature required | | DATE | D DIDECTO | 70 IN 42 |
| 12. | , <u> </u> | AND DIRECTORS | DELETE | 13. | | 1 | ADDITIONS/CHANGES TO OFFIC | JERS AN | Change | Addition |
| TITLE | ALEONZO MELBA DOCA | Ļ |) DELETE | 1.1 TITU | | | · | | Orlango | |
| NAME | ALFONZO, MELBA ROSA | | | 1.2 NAM | | DDD500 | | | | - |
| STREET ADDRESS | 1624 WEST 41ST STREET | | | | | DORESS | | | | |
| CITY-ST-ZIP | HIALEAH FL 33012 | | DELETE | 1.4 CITY 2.1 TITLI | | | | | [] Change | Addition . |
| TITLE | | | J DELETE | | | | | | | |
| NAME | | | | 2.2 NAM | | | | , | _ , | |
| STREET ADDRESS | | | | O O OTTO | | DDDCCC | | • | | } |
| CITY-ST-ZIP | | | | | EET AI | DDRESS | , | • | | } |
| TITLE | i | Г | 1 nei ete | 2. 4 CITY | EET AI | | · | | | Addition |
| NAME STREET ADDRESS | | |] DELETE | 2.4 CITY 3.1 TITU | EETAI Y-ST- | | | | ☐ Change | Addition |
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6.4 CITY-ST-ZIP 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 approximation of the receiver of the corporation 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 approximation of the corporation of the cor

SIGNATURE:

WIRED

MELBA R. ALFONSO

03-08-99