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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000085625 (6)

BODY ESSENSE SPA, INC.

## **FILED** Feb 23 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			F NORTH DEFINE FORDE STATE DEFINE STATE SEAL SOCI
9335 SW 212TH TERRACE MIAMI FL 33189			DO NOT WE	RITE IN THIS SPACE
			3. Date Incorporated or Qualific	ed
			10/03/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 9401 SW 168 Street	26	•	435-70-98	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 MIAMI FL.	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country		paid the current year Intangible
24 33157 25 USA	29	30	Personal Property Tax due J	
R. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent				
SOMMERS-SANTAYANA, SUSAN			MUMPHICA CHILL	iers
9335 SW 242TH TERRACE 82 Strg			Address (P.O. Box Number is Not Accer	lerrace
MIAMI FL 33769		83	222 200 ala	Terrace
		84 City	n.AMI	FL 85 Zip Code 33 189
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both in the State of	ind 607.1508, Florida <b>Statut</b> e Florida, Such change was ei			ne purpose of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	ons of Section 607.0505 Flor	rida Statutes.	Solution of Sound of Americas. Thoroby ac	b 1
SCHATURE CONTINA	('lul de			2/18/98
Signature, type of or printed name of registered agent at OFFICERS AND D		Registered Agent signature		FICERS AND DIRECTORS IN 12
TITLE P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF	Ohange Addition
NAME SOMMERS-SANTAYANA, SUSAN	•	1.2 NAME	Children Cumba	- 7 - Notified
STREET ADDRESS 9335 SW 212TH TERRACE		1.3 STREET ADDRESS	Childers, Cynth	Tec.
CITY-ST-ZIP MIAMI FL 33189		1.4 CITY-ST-ZIP	miami FL 33	189
TITLE V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME CHILDERS, CYNTHIA		2.2 NAME		_ • -
STREET ADDRESS 9590 CARIBBEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33189		2. 4 CITY+ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DELET <b>é</b>	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	Therese.	4.4 CITY-ST-ZiP		
TITLE	☐ DELET <b>E</b>	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE	DELETE	5.4 CITY - ST - ZIP		Chacas
NAME	L DECEIG	6.1 TITLE		Change Addition
PAME 1		e o nance		J.
		6.2 NAME	•	
STREET ADDRESS CITY-ST-ZIP		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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.