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

**PROFIT** CORPORATION : ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

26 205 ARAGON AVENUE

Secretary of State DIVISION OF CORPORATIONS

98 00 000 16161 DOCUMENT #

BODYSLIM INC

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

CITY-ST-ZIP

SIGNATURE:

Mailing Address

2a. Mailing Address

27

205 ARAGON AVENUE

COLL GABLES, F4 33134

Jun 19, 1999 8:00 am **Secretary of State** 

06-19-1999 90002 006 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

Not Applicable \$8.75 Additional

011081

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

65-08041

4. FEI Number

20   20   20   20   20   20   20   20	City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subrifits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, and accept the subregistered agent and accept the subregistered agent, and accept t	23	28 CORAL GAL	LES, FLOR	Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent    81   Name		Zip			
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	24 25	29 33134 30	OSA	Personal Property Tax. Yes No	
B2   Street Address (P.O. Box Numbers is Not Acceptable)					
RECEIVAGE   Page   Street Address   P.O. BX Number is Not Acceptable	81 Name CIMO I VARAM				
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation subfits this statement for the purpose of changing its 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, and accept the obligations of Statutes. (NOTE: Repaired Agent agent and the appointment as registered agent, and accept the obligations of Statutes.)  SIGNATURE    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			82 Street		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subrillis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was subflorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent agent, and accept the appointment as registered agent agent agent and minimar with an advanced by the corporation's board of directors. Thereby accept the appointment as registered agent age					
11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Fiorida 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 Fiorida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of efficient 607,0305, Fiorida Statutes.  SIGNATURE  SIG			83		
11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Fiorida Statutes, the above-named corporation submitlis this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submitlis this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Sociolom 607,0508, Florida Statutes.  SIGNATURE				las 7in Codo	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, and accept the obligations, estimation 607,0505, Florida Statutes.  SIGNATURE    Signature, hoed optimize dame of profishing agent and tills if appointment.   12			84 City	ORAL GABLES FL 33134	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Doard of directors. I nereby accept the appointment as registered agent, and accept the obligations, esection 607.0505, Florida Statutes.  SIGNATURE    Signature, howed optimize dame of professional agent and tills if appointment.   12	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				
SIGNATURE    Signature, typed optimized the of profisered agent and title if appointable. (NOTE: Registered Agent signature required when reinstating)   DATE	office or registered agent, or both, in the State	of Florida, Such change was auth	norized by the corpo a Statutes.	oration's board of directors. I hereby accept the appointment as registered	
Signature, hoped op/morphatine appent and title if apphicable, (NOTE: Registered Appent serpritation)   DATE		, codadir do nodo, mondi		05/17/99	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DIRECTOL DELETE 1.1 TITLE	SIGNATURE Signature, typed op printed same of pedistered age	nt and title if applicable. (NOTE: Re	egistered Agent signature r	required when reinstating) DATE	
NAME  NAME  VALERIE KARAM  1627 BRICKELL AJZNJE, APT. 1001  TITLE  PRESIDENT / TOE ASURER / SECRETARY DELETE  21 TITLE  NAME  VALERIE KARAM  13 STREET ADDRESS  CITY-ST-ZP  TOANI FL 33129  DELETE  21 TITLE  NAME  VALERIE KARAM  22 NAME  23 STREET ADDRESS  CITY-ST-ZP  TOANI FL 33129  DELETE  31 TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  41 TITLE  Change Addition  Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  4.1 TITLE  Change Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  STREET ADDRESS  CITY-ST-ZP  TITLE  STREET ADDRESS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  PRESIDENT TORE ASSURE   SECRETARY   DELETE  NAME  VALERIE KARAM  13 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  Addition  Change   Addition  Addition  Addition  Addition  Addition  Change   Addition  Addition  Addition  Addition  Change   Addition  Addition  Addition  Change   Addition  Addition  Addition  Change   Addition  Addition  Addition  Addition  Change   Addition  Change   Addition  Addition  Addition  Change   Addition  Addition  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  ALCITY-ST-ZIP  TITLE  ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  S1 TITLE  Addition  Change   Addition  Addition  Addition  Addition  Addition  Addition  Addition  STREET ADDRESS	TITLE DIRECTOR	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS  CITY-ST-ZP  TITLE  PRESIDENT   TOE ASCREAL   SECRETTARY   DELETE  NAME  VALERIE KARAM  STREET ADDRESS  CITY-ST-ZP  TITLE    Change   Addition   Addition   APT-1001   APT-1001   APT-1001   APT-1001   ADDITION   APT-1001   ADDITION   ADDIT	WALCO E KARAM	_	1.2 NAME		
TITLE PRESIDENT/TOEASURE ISECRETARY DELETE 21 TITLE  NAME  VALERIE KARAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	STREET ADDRESS 1627 BRICKELL AVEN.	JE , APT. 1001	1.3 STREET ADORESS		
TITLE PRESIDENT / TOE ASCREA / SECRETARY DELETE 2.1 TITLE 2.1 Addition  NAME  VALERIE KARAM  16.2.7 BRICKELL ANEXUE, APT-1001  TITLE  DELETE 3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 4.1 TITLE  A.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS	1 .		14 CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	TILE PRESIDENT / TREASURER /S	ECRETARY DELETE		Change Addition	
CITY-ST-ZIP	l l'		2.2 NAME		
CITY-ST-ZIP	STREET ANDRESS IC 2 7 RUCKELL AVENUE, APT. 1001		2.3 STREET ADDRESS		
DELETE   S.1 TITLE   Change   Addition	l l'a v				
NAME				Change Addition	
3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP	- Wildlin of Blanch	<del></del>	li .		
3.4. CITY-ST-ZIP     3.4. CITY-ST-ZIP     Change   Addition     NAME		alexis.	1		
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS			3.4. CITY-ST-ZIP		
STREET ADDRESS   4.3 STREET ADDRESS		☐ DELETE		☐ Change ☐ Addition	
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TITLE S.1 TITLE S.1 TITLE  NAME  STREET ADDRESS  5.3 STREET ADDRESS  5.4 COD ST. 789			4.4 CITY-ST-ZIP		
STREET ADDRESS 5.3 STREET ADDRESS 5.4 CODE ST. 789		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
STALL FAUNCES	NAME		5.2 NAME		
64 CTDV CT 790	STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP   5.4 CITY-ST-ZIP	CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TILE DELETE 6.1 TILE Change Addition		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME 6.2 NAME			6.2 NAME		
C A CENTREET ADDRESS	STREET ADDRESS		6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

BUEKARAM / DIMECTON 05/17/99

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.

VALERIE

From: SIMON KARAN for BODY. SLIM INC (305) 4.44-4002 phone
To: Dept. of STATE

le: Filing for 577890-90002-6

P9800000 1616

The original report was mailed to the old nailing address and never facuarded to me - I called tallahassee on April 29th to be suit a form that I first received and they had tall me to write you a letter to explain that to they had tall me to write you a letter to explain that to you - Enclosed I am giving you my clar for \$150 -

Please wante the cutra fees as I explained to you what happened-With kind Regards

Sinon KARAM BODYSLIM INC.