

FILE NOW: FILING FEE AFTER MAY 15

04-20-1999 90301 020 \*\*\*150.00  
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SECRETARY OF STATE

TALEAHASSEE, FLORIDA



04/20/99 90301.020 \$150.00

PROXY  
CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF REVENUE  
Katherine [unclear]  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000007100

1. Corporation Name

IL PARADISO HEALTH STUDIO, INC.

Principal Place of Business

3767 ROYAL PALM AVENUE  
MIAMI BEACH FL 33140

Mailing Address

3767 ROYAL PALM AVENUE  
MIAMI BEACH FL 33140

2. Principal Place of Business

21 1345 Alton Rd  
Suite, Apt. #, etc.

22 City & State  
23 Miami Beach FL

24 33139 25 USA

2a. Mailing Address

26 1345 Alton Rd.  
Suite, Apt. #, etc.

27 Miami Beach, FL

28 33139 29 USA

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

65-080-3355

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WRIGHT, MICHELLE  
3767 ROYAL PALM AVENUE  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name  
Wright, Michelle

82 Street Address (P.O. Box Number is Not Acceptable)  
1551 Meridian Ave #4

83  
84 Miami Beach FL 85 Zip Code  
33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WRIGHT, MICHELLE  
STREET ADDRESS 3767 ROYAL PALM AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE M/P/V/S/T  
1.2 NAME Wright, Michelle  
1.3 STREET ADDRESS 1551 Meridian Ave #4  
1.4 CITY-ST-ZIP Miami Beach, FL 33139

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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/12/99

805-672-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

DO NOT REMOVE /

2052

**Il Paradiso Day Spa**

1345 Alton Road  
Miami Beach, Florida 33139

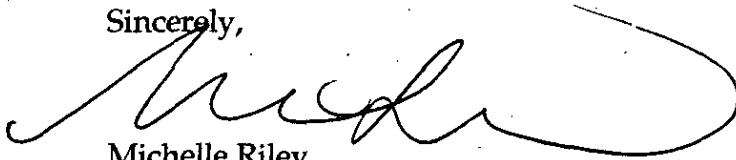
October 10, 2000

Division Of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

I am writing to inform you of an oversight regarding my 1999 corporate filing with the state of Florida. When I filled out the form last year, The principal address was also the same as the new address I entered in the additions and changes portion of the form. I made an assumption that this was where I needed to make changes. So, when the form came back rejected, it was sent to my old address and I never received it. For the past year I assumed that I was in good standing because I never received a letter from you and the 150.00 dollar check I wrote was cashed. Also, because of this, I never received my renewal letter for 2000. I am hoping that you will understand my mistake and reinstate my corporation in good standing. As far as the 150.00 fee goes, I did pay it with my report last year and the check was cashed. Im not sure if the check you requested is for last year or for this year. Please call me or write me and let me know what my status is and I will promptly respond. Thankyou.

Sincerely,



Michelle Riley  
President