

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90119 014 ***158.75

DOCUMENT # P98000043842

1. Corporation Name

BODY PRODUCTS INC.

Principal Place of Business

11000 N.W. 32ND AVENUE
MIAMI FL 33167

Mailing Address

11000 N.W. 32ND AVENUE
MIAMI FL 33167

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

65-0843133

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XI

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALAMA, LEA A ESQUIRE
888 S.E. THIRD AVENUE, SUITE 400
FORT LAUDERDALE FL 33316

81 Name

ALBERTO M. SALAMA T.

82 Street Address (P.O. Box Number is Not Acceptable)

11000 N.W. 32nd. AVENUE

83

84 City

MIAMI

FL

85 Zip Code
33167

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

ALBERTO M. SALAMA T.

04/20/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SALAMA T. ELIAS M.

STREET ADDRESS 3802 N.E. 207 ST. TH#7

CITY-ST-ZIP AVENTURA, FLA. 33180

TITLE VP ☐ DELETE

NAME BENSABAT, JOSEPH

STREET ADDRESS 3801 N.E. 207 ST. #801

CITY-ST-ZIP AVENTURA, FLA. 33180

TITLE T ☐ DELETE

NAME SALAMA T. SAMUEL M.

STREET ADDRESS 3802 N.E. 207 ST. #1702

CITY-ST-ZIP AVENTURA, FLA. 33180

TITLE SALAMA T. ALBERTO M. ☐ DELETE

NAME SALAMA T. ALBERTO M.

STREET ADDRESS 401 HOLIDAY DRIVE

CITY-ST-ZIP HALLANDALE, FLA. 33009

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALBERTO M. SALAMA T. SECRETARY 04/20/99 (305) 953-7802

CR2E034 (1/98)