May 05, 1999 8:00 am Secretary of State

05-05-1999 90215 039 ***150.00

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

DOCUMENT # P98000079040

1. Corporation Name

BODY LANGUAGE INC

0001 L	RIGORGE, INC.				_							
Principal Place of Business			Mailing Address					i illaifält sia idiat taili jälli ka		*** ***********************************		
10771 S.W. 88 : MIAMI FL 33176			P.O. BOX 16-5828 MIAMI FL 33116-5828				DO NOT WRITE IN THIS SPACE					
							3	Date Incorporated or Qualifed 09/14/1998				
2. Principal Pl	ace of Business	2a.	2a. Mailing Address				4	l. FEI Number			Applied For	
21		26	26					65-0865533			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	i. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	28	City & State				6	i. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip					Country			This corporation owes the current year Intangible				
24					Personal Property Tax.				☐ Yes ☐ No			
	9. Name and Address of Cur	rent Regis	tered Agent				10). Name and Address of New I	Registere	d Agent		
BETANCOURT, DAISY 10771 S.W. 88 ST. APT. A212					81 82	Name Street Addre	reet Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33176					83			 				
					84	City			F	L 85	Zip Code	
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Floric	la. Such change was a	authonzed	by 1	the corporation	ration's b	on submits this statement for the board of directors. I hereby acce	purpose pt the app	of changir pointment	ng its registered as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title	f applicable. (NOT	E: Registered	Agen	t signature required	wher	n reinstating)	DATE			
12.	OFFICERS			13.				ADDITIONS/CHANGES TO OF	FICERS	AND DIRE		
TITLE			☐ DELETE	1.1 TIT	LĘ	Pre	- 5	ident	-	Cha	ange ∡ Additio	
NAME				1.2 NA	ME	Da	15	y Betancourt				

R\$ IN 12 €Addition 10771 SW BB St. Apt. 4212 1.3 STREET ADDRESS STREET ADDRESS Mlami, Fl. 33176 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Vice President Change Addition 2.1 TITLE TITLE James Spence 2.2 NAME NAME 10771 SW 68 St. Apt. A212 2.3 STREET ADDRESS STREET ADDRESS Miami, Fl. 33 17b 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 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 address, with all other like empowered.