

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

FILED

**Feb 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98285 (7)
1. Corporation Name
CHILE BODY SHOP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3503 NW 71ST ST. MIAMI FL 33147
Mailing Address: P.O. BOX 3051 HIALEAH FL 33013 US

3. Date incorporated or Qualified: 12/05/1991
4. FEI Number: 65-0304172
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 or has paid the current year intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
CACERES, CRUSITA
3503 NW 71ST STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent
81 Name: **ALBERTO A. CACERES**
82 Street Address (P.O. Box Number is Not Acceptable): **3503 NW 71st STREET**
84 City: **MIAMI** FL 85 Zip Code: **33147**

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: *Alberto A. Caceres* DATE: 1/27/98

12. OFFICERS AND DIRECTORS

TITLE: PST	<input checked="" type="checkbox"/> DELETE
NAME: CACERES, CRUSITA	
STREET ADDRESS: 730 E 51ST ST.	
CITY-ST-ZIP: HIALEAH FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: CACERES, CRUSITA	
STREET ADDRESS: 730 E 51ST ST.	
CITY-ST-ZIP: HIALEAH FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: CACERES, ALBERTO A.	
1.3 STREET ADDRESS: 20001 NW 82 CT	
1.4 CITY-ST-ZIP: MIAMI, FLORIDA 33015	
2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: CACERES, ALBERTO A.	
2.3 STREET ADDRESS: 20001 NW 82 CT	
2.4 CITY-ST-ZIP: MIAMI, FLORIDA 33015	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Alberto A. Caceres* DATE: 1/27/98 (305) 696-5815

CR2E034 (10/97)