

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:45

**DOCUMENT # P93000066350 (8)**

1. Corporation Name  
**500 BODY SHOP, INC.**

Principal Place of Business Mailing Address  
**4102 EAST 11TH AVE. 4102 EAST 11TH AVE.**  
**HALEAH FL 33013 HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/22/1993</b>	3a. Date of Last Report <b>08/19/1994</b>
4. FEI Number <b>65-0437808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sute, Apt. #, etc.	26 Sute, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SANCHEZ, MARINO R — SANCHEZ, MAXIMILIANO RAMON</b> <b>4102 EAST 11TH AVENUE</b> <b>HALEAH FL 33013</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-17)	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, RAMON SANCHEZ, MAXIMILIANO RAMON</b>	1.2 NAME	
STREET ADDRESS	<b>1141 N.E. 129TH ST.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33161</b>	1.4 CITY, ST, ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POSADA, LAZARO</b>	2.2 NAME	
STREET ADDRESS	<b>702 EAST 97TH ST.</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>HALEAH FL 33016</b>	2.4 CITY, ST, ZIP	
TITLE	<b>OV</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, EDUARDO R. RIVAS GONZALEZ, EDUARDO</b>	3.2 NAME	
STREET ADDRESS	<b>10900 S.W. 55TH ST.</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33165</b>	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Eduardo Rivas* **-EDUARDO RIVAS** 6/21/95 362-9139  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)