

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000066350 (8)**

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

96 AUG 27 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/22/1993	06/30/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0437808	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
25	30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ENRIQUE, ANTONIO R**  
**1685 WEST 42ND STREET**  
**#204**  
**HIALEAH FL 33012**

81 Name: **DaniLo Padron**  
82 Street Address (P.O. Box Number is Not Acceptable): **4102 East 11th Avenue**  
83  
84 City: **Hialeah** FL 85 Zip Code: **33013**

\*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]* DATE: **8-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	VS
NAME	PADRON, DANILO	1.2 NAME	PADRON, DANILO
STREET ADDRESS	1451 W. 29TH STREET, LOT#8	1.3 STREET ADDRESS	1451 W 29 St. Lot #8
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	Hialeah Fl 33012
TITLE	VS	2.1 TITLE	
NAME	<del>ENRIQUEZ, ANTONIO R</del>	2.2 NAME	
STREET ADDRESS	<del>1685 W. 42ND STREET, #204</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>HIALEAH FL 33012</del>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	TREASURER
NAME	Jose Luis Padron	3.2 NAME	Jose Luis Padron
STREET ADDRESS	1451 W. 29th Lot #8	3.3 STREET ADDRESS	1451 W. 29th Lot #8
CITY-ST-ZIP	Hia. Fla. 33012	3.4 CITY-ST-ZIP	Hia. Fla. 33012
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	100001936381
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-08/30/96--01011--010
TITLE		5.1 TITLE	****225.00 ****225.00
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 119.07(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: *[Signature]* DANILU PADRON 8/7/96 302-9139

CR2E034 (12/95)