


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 272115 (7)**  
1. Corporation Name  
**SOLAR COSMETIC LABS, INC.**



Principal Place of Business <b>4920 N.W. 165 ST. MIAMI LAKES FL 33014 US</b>	Mailing Address <b>4920 N.W. 165 ST. MIAMI LAKE FL 33014 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3</b> Date Incorporated or Qualified <b>07/24/1963</b>	<b>3a</b> Date of Last Report <b>01/29/1996</b>
<b>4</b> FEI Number <b>59-1022566</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**DORNBUSCH, JAIME**  
~~20296 NE 24TH AVE~~  
~~N MIAMI BEACH FL 33180~~

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

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**21150 POINT PLACE #1504**

**83**

**84** City **AVENTURA** **FL** **85** Zip Code **33180**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>DORNBUSCH, JAIME</b>	
<b>STREET ADDRESS</b>	<b>20296 NE 24TH AVE</b>	
<b>CITY-ST-ZIP</b>	<b>N MIAMI BEACH FL</b>	
<b>TITLE</b>	<b>VSD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>GARAZI, BERNARDO</b>	
<b>STREET ADDRESS</b>	<b>3400 NW 192 ST C#512</b>	
<b>CITY-ST-ZIP</b>	<b>AVENTURA FL</b>	
<b>TITLE</b>	<b>VSD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>EDWARD GARAZI</b>	
<b>STREET ADDRESS</b>	<b>4920 NW 165 ST.</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33014</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	<b>21150 POINT PLACE #1504</b>
<b>1.4 CITY-ST-ZIP</b>	<b>AVENTURA, FL 33080</b>
<b>2.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>VD</b>
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>VSD EDWARD GARAZI</b>
<b>3.3 STREET ADDRESS</b>	<b>4920 NW 165 ST.</b>
<b>3.4 CITY-ST-ZIP</b>	<b>MIAMI, FL 33014</b>
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**14.** I do 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, changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **8/4/97 (305) 621-5551**

CR2E034 (4/97)