

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

1995



**APPROVED AND FILED**

AM 9:15

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L44177 (8)**

**HELGA'S HEALTH & BEAUTY FARM, INC.**

8626 SW 103RD AVE  
MIAMI FL 33173  
US

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MIAMI FL 33173  
US

2	2a	3	3a	4	Applied Fee
21	26	01/18/1990	03/14/1994	65-0268905	Not Applicable
22	27	5. Certificate of Status (County)			\$8.75 Additional Fee Required
23	28	6. Election Campaigns (County)			\$5.00 May Be Added to Fees
24	25	29	30	9. Name and Address of Current Registered Agent	
				10. Name and Address of New Registered Agent	

SARIEL, MARIA D., ESQUIRE  
2801 PONCE DE LEON BLVD.  
SUITE 707  
CORAL GABLES FL

81	82	83	84	85
Name	Street Address, City, State, Zip, and Telephone Number			FL

11. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original as filed with the Department of State, and that the same is in accordance with the provisions of the laws of the State of Florida relating to the registration of corporations and the filing of reports thereon.

*X Helga Fassrainer*

12.	13.
<p>D FASSRAINER, HELGA ✓ 8626 SW 103 AVE. MIAMI FL 33173</p> <p>D FASSRAINER, ADOLFO E. ✓ 8889 FONTAINEBLEAU BLVD. #209 MIAMI FL 33172</p> <p>D <del>BARRANCO, MARY</del> <del>8880 FONTAINEBLEAU BLVD. #209</del> <del>MIAMI FL 33172</del></p>	<p>CHANGE OF ADDRESS TO ABOVE INDIC.</p> <p>D. FASSRAINER, ADOLFO 15935 N.W. 7TH ST. PEMBROKE PINES, FL 33028</p> <p>Removed</p>

14. I, the undersigned, do hereby certify that the information supplied with the filing of a statement, furnished to me by the party, is true and correct, and that the same is in accordance with the provisions of the laws of the State of Florida relating to the registration of corporations and the filing of reports thereon.

SIGNATURE: *X Helga Fassrainer* 4-29-95

PRINTED NAME AND TYPED ON PRINTED NAME OF SIGNER OFFICER OR DIRECTOR