

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Aug 20 1996 8:00 am**  
Secretary of State

**DOCUMENT # S51128 (4)**  
1. Corporation Name:  
**FINGERS & FACES II, INC.**



Principal Place of Business: **850 IVES DAIRY ROAD, SPACE T-60, NORTH MIAMI FL 33179**  
Mailing Address: **850 IVES DAIRY ROAD, SPACE T-60, NORTH MIAMI FL 33179**

2. Principal Place of Business: **850 IVES DAIRY ROAD**  
2a. Mailing Address: **850 IVES DAIRY**  
21. Suite, Apt. #, etc.: **T-60**  
22. City & State: **N. MIAMI FL**  
23. Zip: **33179**  
24. Country: **USA**  
25. State: **FL**  
26. City & State: **N. MIAMI FL**  
27. Zip: **33179**  
28. Country: **USA**  
29. State: **FL**  
30. City & State: **N. MIAMI FL**  
31. Zip: **33179**  
32. Country: **USA**

3. Date Incorporated or Qualified: **05/06/1991**  
3a. Date of Last Report: **12/12/1995**  
4. FEI Number: **65-0263381**  
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 has liability for intangible tax under s. 199.03? Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**LAINO, ROSE MARY**  
**850 IVES DAIRY ROAD, SPACE T-60**  
**NORTH MIAMI FL 33179**

10. Name and Address of New Registered Agent:  
81. Name: **JOAN M SMITH**  
82. Street Address (P.O. Box Number is Not Applicable): **850 IVES DAIRY RD T-60**  
83. City: **NORTH MIAMI**  
84. State: **FL**  
85. Zip Code: **33179**

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: *Joan M Smith* Date: **8/17/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROSE MARY LAINO</b>	
STREET ADDRESS	<b>850 IVES DAIRY RD T-60</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33179</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JOAN M. SMITH</b>	
STREET ADDRESS	<b>850 IVES DAIRY RD T-60</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33179</b>	
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

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan M Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/17/96 (305) 653007**

CR2E034 (3/96)