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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:22

DOCUMENT # P94000024573 (5)

1. Corporation Name

SPA DU SOLEIL, INC.

Principal Place of Business	Mailing Address
1001 SOUTH BAYSHORE DR. SUITE 1712 MIAMI FL 33131 328 Crandon Blvd #227 Key Biscayne, Fl. 33149	C/O PENINSULA REGISTERED AGENTS INC. 200 S.E. FIRST ST. MIAMI FL 33131 c/o Raymond L. Robinson, Esq 2601 S. Bayshore Dr. Miami, Fl. 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 2601 S. BAYshore Dr	03/24/1994	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	✓ Applied For / Not Applicable
22	27 19th Floor		
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	28 Miami, Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 33133 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENINSULA REGISTERED AGENTS INC. c/o Raymond L. Robinson, Esq. INTERCONTINENTAL BANK BLDG. 2601 S. Bayshore 200 S.E. FIRST ST. Miami, Fl. 33133 MIAMI FL 33131	81 Name Raymond L. Robinson, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr. Suite 19th Fl 83 84 City Miami FL 85 Zip Code 33133

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ZUNIGA, MAURICIO	12 NAME	
STREET ADDRESS	1001 S. BAYSHORE DR. SUITE 1712	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	14 CITY ST ZIP	
TITLE	D, P, T	21 TITLE	☐ Change ☐ Addition
NAME	ZUNIGA, ROXANNE T	22 NAME	
STREET ADDRESS	1001 S. BAYSHORE DR. SUITE 1712	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCANLAND, ANGELA	32 NAME	
STREET ADDRESS	1001 S. BAYSHORE DR. SUITE 1712	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TORRES, OLGA	42 NAME	
STREET ADDRESS	1001 S. BAYSHORE DR. SUITE 1712	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	44 CITY ST ZIP	
TITLE	Secretary	51 TITLE	☐ Change ☐ Addition
NAME	Raymond L. Robinson	52 NAME	
STREET ADDRESS	2601 S. Bayshore Dr. - 19th Floor	53 STREET ADDRESS	
CITY ST ZIP	Miami, Fl. 33133	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 if changed, added or on an attachment with an address.

SIGNATURE: [signature] Secretary 5/31/95 305-859-2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0131484 CP