## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION .
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 609254

(8)

ELECTROLYSIS BEAUTY CLINIC INC.

FILED
May 05 1997 8:00am
Secretary of State

Principal Place of Business 419 WEST 49TH ST SUITE 207 HALEAH FL 33012 US	Mailing Address 419 WEST 49TH STREET SUITE 207 HIALEAH FL 33012-3656 US			L	Date Incorporated or		3a. D	ate of La		ori
2. Principal Place of Business	28. Mailing Address				02/08/1979 FEI Number		05/	01/199	·	ad For
21 Principal Prace of Business	26. Mailing Address			•	59-1911431			-	+	ed For Applicable
Suite, Apt #, ctc	Suite, Apt. #, etc.		,	5.	Certificate of Status I	Desired		4	+	ditional
City & State	City & State			6.	. Election Campaign F	inancing		\$5.	00 Ma	ay Be
23	28	1			Trust Fund Contribut			Add	ed to I	Fees
Zip Country 25	Zip 29	30 Cou	intry	8.	<ul> <li>This corporation has Florida Statutes</li> </ul>		intangible Yes		ers. 19	99.032,
9. Name and Address of Curr		[30]	T	10.	Name and Address					
PEROZO, ROBERTO JR.	· · · · · · · · · · · · · · · · · · ·	<u></u>	81 Name	·			7,			
555 WEST 49TH STREET			82 Street	Address /	P.O. Box Number is No	ot Accental	h(e)			
SUITE 207				, Addios (i	1.0. Dox 140/1100/ 19 14	or recopiu				
HIALEAH FL 33012			63							
			84 City			· <del></del>		85	Zip Co	de
			<u> </u>				FL	-	·	
SIGNATURE Separate types or procuring each registered to			IUIES.		on submits this statem board of directors. I he in reinstating)		DATE			
SIGNATURE Square types or process are est to general the period that the perio		13.	d Agent signatur	e required whe			DATE		TORS	
SIGNATURE  12. OFFICERS A  BILE DP  NAME PEROZO, ROBERTO JR.  SIBELLADORESS 15801 KINGSMOOR WAY	agent and little if applicabile (NO	13. 1,1 Ti 1,2 N/ 1,3 Si	d Agent signatur ITLE AME TREET ADDRESS	e required whe	in reinstating)		DATE	D DIREC	TORS	IN 12
SIGNATURE  12. OFFICERS A  BILE DP NAME SIBELLADDRESS CITY-SLZE  CITY-SLZE  SIGNATURE  PEROZO, ROBERTO JR.  15801 KINGSMOOR WAY MIAMI LAKES FL	agent and title if applicable (NO NDD DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI	d Agent signatur ITLE AME TREET ADDRESS ITY - ST - ZIP	e required whe	in reinstating)		DATE	D DIREC	TORS (	IN 12
SIGNATURE  12. OFFICERS A  BILE DP  NAME PEROZO, ROBERTO JR.  SIBELLADORESS 15801 KINGSMOOR WAY	agent and little if applicabile (NO	13. 1,1 Ti 1,2 N/ 1,3 Si	d Agent signatur ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	e required whe	in reinstating)		DATE	D DIREC	TORS (	IN 12 Addition
SIGNATURE  12. OFFICERS A  BILE DP  NAME PEROZO, ROBERTO JR.  15801 KINGSMOOR WAY  MIAMI LAKES FL  IIILE	agent and title if applicable (NO NDD DIRECTORS DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CC 2.1 TI 2.2 N/	d Agent signatur ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	e required whe	in reinstating)		DATE	D DIREC	TORS (	IN 12 Addition
SIGNATURE  12. OFFICERS A  THEE DP  NAME SIRELE ADDRESS CITY-ST-ZIE THEE NAME NAME NAME NAME OFFICERS A  DP  PEROZO, ROBERTO JR. 15801 KINGSMOOR WAY MIAMI LAKES FL	agent and life if applicable (NO NND DIRECTORS DELETE DELETE	13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 Ci	d Agent signatur  TILE  AME  TREET ADDRESS  ITY - ST - ZIP  WILE  AME  TREET ADDRESS  ZITY - ST - ZIP	e required whe	in reinstating)		DATE	D DIREC Char	TORS   ige [	IN 12 Addition Addition
SIGNATURE  12. OFFICERS A  DP  PEROZO, ROBERTO JR.  15801 KINGSMOOR WAY  MIAMI LAKES FL  DITTORNAME  SUBJET ADDRESS  DITY- ST- 7/P  TITLE	agent and title if applicable (NO NDD DIRECTORS DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 Ti 2.2 N/ 2.3 SI 2.4 CI 3.1 Ti	d Agent signatur  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE	e required whe	in reinstating)		DATE	D DIREC	TORS   ige [	IN 12 Addition
SIGNATURE SQUARTE TYPES OF PROCURENCE OF RESERVENCE  12. OFFICERS A  DP PEROZO, ROBERTO JR. 15801 KINGSMOOR WAY MIAMI LAKES FL  TITLE NAME SUBJECT ADDRESS CITY ST ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	agent and life if applicable (NO NND DIRECTORS DELETE DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/	d Agent signatur  TILE  AME  TREET ADDRESS  ITY - ST - ZIP  TILE  AME  TREET ADDRESS  CITY - ST - ZIP  TILE  AME  AME  AME  AME  AME  AME  AME  A	e required whe	in reinstating)		DATE	D DIREC Char	TORS   ige [	IN 12 Addition Addition
SIGNATURE  SQUARTE Special procursers of registroid.  12. OFFICERS A  DP PEROZO, ROBERTO JR.  15801 KINGSMOOR WAY MIAMI LAKES FL  HILL  NAME SUBSTITUTE NAME S	agent and life if applicable (NO NND DIRECTORS DELETE DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI	d Agent signatur  TILE  AME  TREET ADDRESS  ITY - ST - ZIP  TILE  AME  TREET ADDRESS  CITY - ST - ZIP  TILE  AME  TREET ADDRESS  AME  TREET ADDRESS	e required whe	in reinstating)		DATE	D DIREC Char	TORS   ige [	IN 12 Addition Addition
SIGNATURE  12. OFFICERS A  THE DP  NAME SIRELE ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	Agent and life if applicable (NO NND DIRECTORS DELETE DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CI	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  TREET ADDRESS  CITY-ST-ZIP	e required whe	in reinstating)		DATE	D DIREC Char	TORS	N 12 Addition Addition
SIGNATURE  SQUARTE Special procursers of registroid.  12. OFFICERS A  DP PEROZO, ROBERTO JR.  15801 KINGSMOOR WAY MIAMI LAKES FL  HILL  NAME SUBSTITUTE NAME S	agent and life if applicable (NO NND DIRECTORS DELETE DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  TILE  AME  TREET ADDRESS  TY-ST-ZIP  TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  TREET ADDRESS  CITY-ST-ZIP	e required whe	in reinstating)		DATE	D DIREC Char	TORS	IN 12 Addition Addition
SIGNATURE SQUARTE Special procursers of registroid.  12. OFFICERS A  DP PEROZO, ROBERTO JR. 15801 KINGSMOOR WAY MIAMI LAKES FL  HILL NAME SUBSTITUTE NAME SUBS	Agent and life if applicable (NO NND DIRECTORS DELETE DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 CC 3.1 TI 3.2 N/ 3.3 S' 3.4 CC	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  TREET ADDRESS  CITY-ST-ZIP  TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  VAME	o required who	in reinstating)		DATE	D DIREC Char	TORS	N 12 Addition Addition
SIGNATURE SQUARTE SQUARTE SQUARTED AND PRODUCTION OF THE GASTERIOR SATE ADDRESS ON SQUARTED AND PEROZO, ROBERTO JR.  15801 KINGSMOOR WAY MIAMI LAKES FL  11111 NAME SUBSTITUTE	Agent and life if applicable (NO NND DIRECTORS DELETE DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C/ 3.1 TI 3.2 N/ 3.3 S' 3.4 C/ 4.1 TI 4.2 N/ 4.3 S'	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  DITY-ST-ZIP  ITLE  AME  TREET ADDRESS  DITY-ST-ZIP  ITLE  AME  TREET ADDRESS  TREET ADDRESS  TREET ADDRESS	o required who	in reinstating)		DATE	D DIREC Char	TORS	N 12 Addition Addition
SIGNATURE SQUARTE SQUARTE SQUARTED SPECIAL RESIDENCE SPECIAL RESID	Agent and life if applicable (NO NND DIRECTORS DELETE DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C/ 3.1 TI 3.2 N/ 3.3 S' 3.4 C/ 4.1 TI 4.2 N/ 4.3 S'	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  TREET ADDRESS  TY-ST-ZIP  ITLE  TREET ADDRESS  TY-ST-ZIP  ITLE  TREET ADDRESS	o required who	in reinstating)		DATE	D DIREC Char	TORS	N 12 Addition Addition
SIGNATURE  STEAT OF TYPES OF PRICE OF PRICE OF SAME  12. OFFICE RS A  DP PEROZO, ROBERTO JR. 15801 KINGSMOOR WAY MIAMI LAKES FL  IIIUE NAME STREET ADDRESS CITY-ST-ZIP TITUE NAME STREET ADDRESS CITY-ST-ZIP	AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 Ti 2.2 N/ 2.3 S' 2.4 C/ 3.1 Ti 3.2 N/ 3.3 S' 3.4 C/ 4.1 Ti 4.2 N/ 4.3 S' 4.4 C/ 4.4 C/ 4.5 C/ 4.4 C	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  TREET ADDRESS  ITY-ST-ZIP  ITLE  TREET ADDRESS  ITY-ST-ZIP  ITLE	o required who	in reinstating)		DATE	D DIREC Char Char	TORS	IN 12 Addition Addition Addition
SIGNATURE  STEAT OF TARCH OF PROCESS AND P	AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 CC 3.1 TI 3.2 N/ 3.3 S' 3.4 CC 4.1 TI 4.2 N/ 4.3 S' 4.4 CC 5.1 TI 5.2 N/	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  TREET ADDRESS  ITY-ST-ZIP  ITLE  TREET ADDRESS  ITY-ST-ZIP  ITLE	o required who	in reinstating)		DATE	D DIREC Char Char	TORS	IN 12 Addition Addition Addition
SIGNATURE STREET ADDRESS CITY-ST-ZIP THUE NAME SUBJECT ADDRESS COTY ST-ZIP THUE NAME SUBJECT ADDRESS COTY ST-ZIP THUE NAME	AND DIRECTORS  DELETE  DELETE  DELETE	113. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 Ti 2.2 N/ 2.3 Si 2.4 CC 3.1 Ti 3.2 N/ 3.3 Si 3.4 CC 4.1 Ti 4.2 N/ 4.3 Si 4.4 CC 5.1 Ti 5.2 N/ 5.3 Si	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  AME  AME  AME  AME  AME  AME  A	o required who	in reinstating)		DATE	D DIREC Char Char	TORS	IN 12 Addition Addition Addition
SIGNATURE SQUARTE Types of principles of the gesteroid.  12. OFFICERS A  DP NAME SIBEL ADDRESS CITY-SL-ZIP TITLE NAME SUBJEL ADDRESS COY SL-ZIP TITLE NAME S	AND DIRECTORS  DELETE  DELETE  DELETE	113. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 Ti 2.2 N/ 2.3 Si 2.4 CC 3.1 Ti 3.2 N/ 3.3 Si 3.4 CC 4.1 Ti 4.2 N/ 4.3 Si 4.4 CC 5.1 Ti 5.2 N/ 5.3 Si	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME	o required who	in reinstating)		DATE	D DIREC Char Char	TTORS	IN 12 Addition Addition Addition
SIGNATURE  STREET ADDRESS CITY STORY  THE NAME STREET ADDRESS CITY	AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	113. 1.1 II 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C/ 3.1 TI 3.2 N/ 3.3 S' 3.4 C/ 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 C	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME	o required who	in reinstating)		DATE	D DIREC Char Char Char	TTORS	IN 12  Addition  Addition  Addition  Addition
SIGNATURE SQUARTE Types of prince of name of the gentinods  12. OFFICERS A  DP PEROZO, ROBERTO JR. 15801 KINGSMOOR WAY MIAMI LAKES FL  HILL NAME SUBJET ADDRESS CITY-SI-ZIP HILL NAME SUBJET ADDRESS CONTACT	AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	113. 1.1 II 1.2 NV 1.3 SI 1.4 CI 2.1 Ti 2.2 NV 2.3 SI 2.4 CC 3.1 Ti 3.2 NV 3.3 SI 3.4 CC 4.1 Ti 4.2 NV 4.3 SI 4.4 CC 5.1 Ti 5.2 NV 5.3 SI 5.4 CC 6.1 Ti 6.2 NV	ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  CITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME	o required who	in reinstating)		DATE	D DIREC Char Char Char	TTORS	IN 12  Addition  Addition  Addition  Addition

. Lot hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes I Turther 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: ROBE ATO PEROZO JA . INTERPRETOR DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE ON DIRECTOR

Date 4/24/97 (305)821-9772