FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # 621949 (7)

NORMASKIN LABORATORIES, INC.

APPROVED
AND
FILED

95 MAY 11 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
264 ALMERIA BOX 142098 CORAL GABLES FL 33114	264 ALMERIA BOX 142098 CORAL GABLES FL 33114

(Do Not Write In This Space)

21	2. [illegible]	26	2a. Mailing Address
22	State Agt. # of	27	State Agt. # of
23	Co. & State	28	Co. & State
24		25	
29		30	

3. Date Incorporated (or Qualified): 05/16/1979
3a. Date of Last Report: 04/05/1994

4. FEI Number: 59-2120131 — Applied For ☐ Not Applicable ☐

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 was formerly [illegible] under the name of [illegible]
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORMAN, BONITA N. 264 ALMERIA AVE. CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1908, 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 607.1908, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONAL OFFICER AND DIRECTOR
[illegible]	SD	[illegible] ☐ Change ☐ Addition
NAME	NORMAN, HAROLD G. III	NAME
[illegible]	264 ALMERIA AVE.	[illegible]
[illegible]	CORAL GABLES, FL 00000	[illegible]
[illegible]	PD	[illegible] ☐ Change ☐ Addition
NAME	DRAKE, BONITA NORMAN	NAME
[illegible]	264 ALMERIA AVE.	[illegible]
[illegible]	CORAL GABLES FL	[illegible]
[illegible]		[illegible] ☐ Change ☐ Addition
NAME		NAME
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible] ☐ Change ☐ Addition
NAME		NAME
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible] ☐ Change ☐ Addition
NAME		NAME
[illegible]		[illegible]
[illegible]		[illegible]
[illegible]		[illegible] ☐ Change ☐ Addition
NAME		NAME
[illegible]		[illegible]
[illegible]		[illegible]

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature] 5/2/95 305-448-6318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0424007 FP