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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
NORMASKIN

SIGNATURE:

ABORATORIES, INC.

FILED Mar 30 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Ad	_	ME	D. 14			
264	ALMERIA		SOA L	ひとし	ripa Magazi			
NO ROX				ALMERIA D.BOX 142098		DO NOT WRITE IN THIS SPACE		
CATO	OL GABLES, F	C 33 114	Coral	Colule	57L	3. Date Incorporated or Qualified		
	Place of Business	2a. Mailing			, 33111	4. FEI Number	- 1	Applied For
21		26				59-2120131		lot Applicable
Suite, Apt	#, etc.		pt #, etc.					Additional
22		27				5. Certificate of Status Desired	4	Required
City & Stat	to	City & S	State			6. Election Campaign Financing	\$5.00	May Be .
23	Country	28		O = 1		Trust Fund Contribution		to Fees
Zip 24	Country 25	Z(p	}_	Country 10	,	8. This corporation owes or has paid the cur Personal Property Tax due June 30.		ntangible No
24]	9. Name and Address of Cur			<u> </u>		10. Name and Address of New Registered		
N Vo				81	Name		rigonic	
N _C	KINAD, GODE) Pi		82	Choot Addres	OC Doublember in No. Accordately		
-96	64 ALMERIA	AUE.		52	Street Addre	ess (P.O. Box Number is Not Acceptable)		
λ.	oral Gables, 7	, 3313	ď	83				
	oral coduces, v	2 2310	٦,	84	City		les l Zio	Code
					,	FL	.	
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508.	Florida Statutes	the above	named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing i	its registered
agent. La	am lamiliar with, and accept the ob	ligations of, Section	607.0505, Flori	da Statutes	тне согрогано 3.	ons board or directors, thereby accept the app	ominent as	registered
SIGNATURE								
40	Signature Typica or profest name of registered		(NOTE I		ert signature required			
12. TITLE	3D .	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	RS IN 12
NAME	NORMAN , HA	-		1.2 NAME			Change	- Addition
STREET ADDRESS	MORNITUDERIA	Au F	<u> </u>	1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABL	ES 71 3	7(34	1.4 CITY-S				
TITLE	DU.		DELETE	2.1 TITLE			Change	Addition
NAME	DRAKE, BOUIT	amagon, f	N	2.2 NAME			•	
STREET ADDRESS	DRAKE BOUIT	HUE,		23 STREET	ADDRESS			
CITY - ST - ZIP	CORAL GABLE	5, FC 37	813Y	2. 4 CITY - S	ST - 7/P			
TITLE			DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME				3.2 NAME	}			
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP			DELETE.	34 CITY-S	SI - ZIP			···
TITLE		L	DELETE	4.1 TITLE			Change	☐ Addition
NAME				4 2 NAME				
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP TITLE			DELETE	4.4 CHTY - ST 5.1 TITLE	T-ZIP		Change	Addition
NAME			0	5.1 TITLE 5.2 NAME			Change	☐ Addition
STREET ADDRESS				5.3 STREET	ADDRECC	3000024726	313	
CITY-ST-ZIP				5.4 CITY - ST	1	3000024726 -03/31/9801015	014	
TITLE			DELETE	6.4 CITY-SI	· · •1F		☐ Change	Addition
NAME		-		6.2 NAME			-	
STREET ADDRESS				63 STREET	ADDRESS		PE _N	-30
CITY-ST-ZIP				6.4 CITY - ST			`3	, •
14. I hereby o	certify that the information supplied	with this Fling does	not qualify for t	the exempt	ion stated in S	ection 119.07(3)(i), Florida Statutes. I further ce	rtify that the	e information
indicaled officer or o	on this annual report or supplementation of the corporation or the re-	ital annual report is sceiver or trusted en	true and accuration	ate and tha ecute this r	nt my signature eport as requir	e shall have the same legal effect as if made united by Chapter 607. Florida Statutes; and that n	der oath, th	at I am an
Block 12 d	or Block 13 if changed, or on ap at	tachnient with an de	ddress			red by Chapter 607, Florida Statutes; and that n	., up	,