

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

FILED
Jul 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H79103**
 1. Corporation Name
ROMANA RAIN SKIN CARE CENTER INC

Principal Place of Business Mailing Address
165 WEKIVA SPRING ROAD #135
LONGWOOD, FLORIDA 32779

2. Principal Place of Business 2a. Mailing Address
 21 **165 WEKIVA SPRINGS RD #135**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **#135**
 City & State City & State
 23 **LONGWOOD, FL 32779**
 Zip Country Zip Country
 24 **32779** 25 **FLORIDA** 29

3. Date Incorporated or Qualified **Oct 1985** 3a. Date of Last Report **Feb 1997**
 4. FEI Number **076-28-7769** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
THOMAS STEPHAN
251 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input checked="" type="checkbox"/> DELETE
NAME	LOUIS RAINONE
STREET ADDRESS	2762 CATTAIL CT.
CITY-ST-ZIP	LONGWOOD, FL 32779 <input checked="" type="checkbox"/> DELETE
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROMANA RAINONE
13 STREET ADDRESS	2762 CATTAIL CT.
14 CITY-ST-ZIP	LONGWOOD, FL 32779 <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002234465
5.3 STREET ADDRESS	-07/10/97--01004--008
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RW
6.3 STREET ADDRESS	7-9-97
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE: **ROMANA RAINONE PRES Romana Rainone 7/2/97 (407)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)