

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 21 PM 2: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L13313 (6)

1. Corporation Name

MONIQUE'S CLINIQUE, INC.

Principal Place of Business

Mailing Address

**12864 DISCAYNE BLVD
STE 174
N MIAMI FL 33181-9007**

**1949 NE 123RD ST
N MIAMI FL 33181-9007
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/05/1989

3a. Date of Last Report

03/25/1994

4. FEI Number

65-0144567

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

2. Principal Place of Business

2a. Mailing Address

21 2875 N.E. 191 Street

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N. Mia Bch. Suite 303

27

City & State

City & State

23 Florida

28

Zip

Zip

24 33181

25

Country

Country

26 Dade

29

27

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARNIER, MONIQUE
1949 N.E. 123RD STREET
NORTH MIAMI FL 33181**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	GARNIER, MONIQUE
STREET ADDRESS	1949 N.E. 123RD STREET
CITY - ST - ZIP	N. MIAMI FL
TITLE	D
NAME	GARNIER, MONIQUE
STREET ADDRESS	1949 N.E. 123RD STREET
CITY - ST - ZIP	N. MIAMI FL
TITLE	P
NAME	GARNIER, MONIQUE
STREET ADDRESS	1949 NE 123RD ST
CITY - ST - ZIP	N MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18-1995

Title

305-899-0123

Daytime Phone #