**FILE NOW: FILING FEE AFTER MAY 1 IS 25.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # **L13313** **(6)**

1. Corporation Name

**MONIQUE'S CLINIQUE, INC.**

Principal Place of Business

2875 NE 191 ST
SUITE 303
N MIAMI BEACH FL 33181
US

Mailing Address

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

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 30

3. Date Incorporated or Qualified: 09/05/1989

3a. Date of Last Report: 04/21/1995

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 Contributor ☐ — $5.00 May Be Added to Fees

8. Is corporation liable for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GARNIER, MONIQUE**
**1949 N.E. 123RD STREET**
**NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

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 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned corporation has caused this statement to be executed by its officer or director having knowledge of and being duly authorized to execute this statement, and is familiar with and accepts the obligations of section 607.0501, Florida Statutes.

SIGNATURE: Monique Garnier Monique Garnier PRESIDENT 4-15-1996
(Date)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I do hereby certify that the information shown herein 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 or in a duly attached amendment hereof.

**SIGNATURE:** Monique Garnier-Monique GARNIER PRES. 4-15-96 (305)-899-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)