

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

FILED
Jun 16 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L61612
1. Corporation Name

IMAGE PLUS AESTHETIC SKIN CARE INC.

Principal Place of Business	Mailing Address
90 RAMON GUTIERREZ MD 2052 SW 63RD COURT MIAMI FL 33155-1950	90 RAMON GUTIERREZ 2052 SW 63RD CT. MIAMI FL 33155-1950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	03/26/1990	65-0188965	Not Applicable
22	27	5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes or has paid the current year Intangible
City & State	City & State	☐ \$8.75 Additional Fee Required	Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Personal Property Tax due June 30. ☒ Yes ☐ No
23	28			
Zip	Zip			
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

GUTIERREZ RAMON
2052 SW 63RD CT.
MIAMI FL 33155-1950

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 Sections 607.0502 and 607.1506, 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

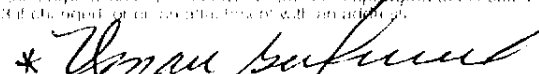
Signature of the person who is authorized to execute this statement

(NOTE: Registered Agent separate request when registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY-ST-ZIP	14 CITY-ST-ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP

14. I 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 supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in a separate filing with an addition.

SIGNATURE: * 

6-10-98

CR2E034 (10/97)