


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90033 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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

% RAMON GUTIERREZ M D
2052 S.W. 63RD COURT
MIAMI FL 33155-1950

Mailing Address

% RAMON GUTIERREZ M D
2052 S.W. 63RD COURT
MIAMI FL 33155-1950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1990

4. FEI Number

65-0188965

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GUTIERREZ, RAMON
2052 S.W. 63RD COURT
MIAMI FL 33155-1950

10. Name and Address of New Registered Agent

81 Name **VIVIAN GUTIERREZ**
82 Street Address (P.O. Box Number is Not Acceptable)
2052 S.W. 63RD CT.
83
84 City **MIAMI** **FL** **85** Zip Code **33155-1950**

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 resigning)

DATE

2-14-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, RAMON M.D.	
STREET ADDRESS	2052 S.W. 63RD CT.	
CITY-ST-ZIP	MIAMI FL 33155-1950	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, VIVIAN	
STREET ADDRESS	2052 S.W. 63RD CT.	
CITY-ST-ZIP	MIAMI FL 33155-1950	

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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	M. ALEXANDER GUTIERREZ
3.3 STREET ADDRESS	2052 S.W. 63RD CT.
3.4 CITY-ST-ZIP	MIAMI FL 33155-1950

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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIAN GUTIERREZ

Date

Daytime Phone #

CR2E034 (11/98)