

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

MAR
 1997



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

FILED

97 NOV 12 AM 8:31



DOCUMENT # L91868 (4)
 1. Corporation Name
SKIN CARE BIKOSMETIC, CORP.

Principal Place of Business
**6271 SOUTHWEST 24TH STREET
 MIAMI FL 33155**

Mailing Address
**6271 SOUTHWEST 24TH STREET
 MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1990	3a. Date of Last Report 07/09/1996
4. FEI Number 65-0215561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**VAZQUEZ, MAYRA
 6271 SW 24 ST.
 MIAMI FL 33155**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POVEDA, ANA C	1.2 NAME	500002346895
STREET ADDRESS	847 W 34TH ST.	1.3 STREET ADDRESS	-11/13/97- 01032-010
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	PST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, MAYRA	2.2 NAME	DPST
STREET ADDRESS	6271 SW 24 ST.	2.3 STREET ADDRESS	Vazquez Mayra
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	6271 SW 24 ST.
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Hialeah # 33155
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

11-13-97

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.

CR2E034 (4/97)

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NOVEMBER 4, 1997

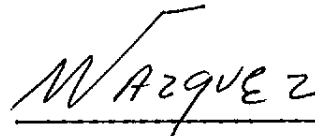
TO: REINSTATEMENT SECTION IN TALLAHASSEE

RE: SKIN CARE BIKOSMETIC CORP.
L91868

TO WHOM IT MAY CONCERN,

THE FOLLOWING LETTER IS TO INFORM YOU THAT DURING THE PERIOD IN WHICH ANNUAL REPORTS ARE MAILED AND FILED, I, MAYRA VAZQUEZ, WAS ON AN EMERGENCY TRIP TO COSTA RICA. DUE TO THE FACT THAT I AS NOT AWARE OF THE ANNUAL REPORT FILING, I WAS NOT ABLE TO PROCEED IN FILING THE REPORT. I RESPECTFULLY REQUEST THAT MY CHECK FOR \$165.00 BE ACCEPTED CONSIDERING MY EXTENUOUS CIRCUMSTANCES.

SINCERELY,

A handwritten signature in black ink that reads "VAZQUEZ". The signature is written in a cursive style with a large, sweeping initial "V".

MAYRA VAZQUEZ

PRESIDENT