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

# CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 [illegible] 11:51

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M30144 (3)

1. Corporation Name
**INTERNATIONAL ESTHETIQUE SCHOOL, INC.**

Principal Place of Business
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Mailing Address
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 04/07/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2739800 ☐ 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
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
Country
30

9. Name and Address of Current Registered Agent

~~CRUANYAS, MARIA T~~
~~4401 PONCE DE LEON BLVD~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name ROBERT J TERPENING
82 Street Address (P.O. Box Number is Not Acceptable) 4401 PONCE DE LEON BLVD
83
84 City CORAL GABLES FL
85 Zip Code 33146

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 Robert J. Terpening DATE 5/24/95
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VS |
| NAME | TERPENING, ROBERT J |
| STREET ADDRESS | 4401 PONCE DE LEON BLVD. |
| CITY ST ZIP | CORAL GABLES FL |
| TITLE | V |
| NAME | DALMAU, AURORA |
| STREET ADDRESS | 4401 PONCE DE LEON BLVD. |
| CITY ST ZIP | CORAL GABLES FL |
| TITLE | T |
| NAME | DALMAU, JORGE ALBERTO |
| STREET ADDRESS | 4401 PONCE DE LEON BLVD. |
| CITY ST ZIP | CORAL GABLES FL |
| TITLE | PD |
| NAME | DALMAU, JORGE |
| STREET ADDRESS | 4401 PONCE DE LEON BLVD. |
| CITY ST ZIP | CORAL GABLES FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | | ☐ Change ☐ Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY ST ZIP | | |
| 21 TITLE | V/D | ☒ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY ST ZIP | | |
| 31 TITLE | V/T | ☒ Change ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY ST ZIP | | |
| 41 TITLE | P/D/C | ☒ Change ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY ST ZIP | | |
| 51 TITLE | V | ☐ Change ☒ Addition |
| 52 NAME | DALMAU, JAVIER | |
| 53 STREET ADDRESS | 4401 PONCE DE LEON BLVD | |
| 54 CITY ST ZIP | CORAL GABLES FL | |
| 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 119.07(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 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.

**SIGNATURE:** ROBERT J TERPENING, VP 5/24/95 [305] 446-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0190064 CP

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CORPORATION
ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE

DOCUMENT # **M30279** **(7)**

1. Corporation Name
**MIAMI LAKES CUTTING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O EDWINA KAMINSKY<br>440 W 27TH ST<br>HIALEAH FL 33010<br>US | C/O EDWINA KAMINSKY<br>440 W 27TH ST<br>HIALEAH FL 33010<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1986**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-2659605** ☐ 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 | 26 16 Madrid Lane |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 None |
| City & State<br>23 | City & State<br>28 Davie, FL |
| Zip 24 / Country 25 | Zip 29 33324 / Country 30 U.S.A. |

**9. Name and Address of Current Registered Agent**

KAMINSKY, EDWINA
440 W 27TH ST
HIALEAH FL 33010

**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 607.1508, 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | PD |
| NAME | KAMINSKY, EDWINA |
| STREET ADDRESS | 440 W 27TH ST |
| CITY ST ZIP | HIALEAH FL |
| TITLE | SD |
| NAME | JAFFE, LINDA |
| STREET ADDRESS | 3148 CALLE LARGO |
| CITY ST ZIP | HOLLYWOOD FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | |
|---|---|
| 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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.

**SIGNATURE:** Edwina Kaminsky
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edwina Kaminsky

Date

(305) 452-8147
Daytime Phone #