

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M30144 (3)

1. Corporation Name

INTERNATIONAL ESTHETIQUE SCHOOL, INC.



Principal Place of Business

Mailing Address

**4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

**4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/07/1986

3a. Date of Last Report

06/05/1995

4. FET 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

10. Name and Address of New Registered Agent

**TERPENING, ROBERT J
4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

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

Signature of principal officer or director of corporation (to be signed by)

Signature of Registered Agent (signature required for the following)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS	☐ DELETE
NAME	TERPENING, ROBERT J	
STREET ADDRESS	4401 PONCE DE LEON BLVD.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	VD	☐ DELETE
NAME	DALMAU, AURORA	
STREET ADDRESS	4401 PONCE DE LEON BLVD.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	VT	☐ DELETE
NAME	DALMAU, JORGE ALBERTO	
STREET ADDRESS	4401 PONCE DE LEON BLVD.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	PDC	☐ DELETE
NAME	DALMAU, JORGE	
STREET ADDRESS	4401 PONCE DE LEON BLVD.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	V	☐ DELETE
NAME	DALMAU, JAVIER	
STREET ADDRESS	4401 PONCE DE LEON BLVD	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 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 Sect.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 305-446-5666
DATE DAYTIME PHONE #

CR2E034 (12/95)