


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005096 (2)
1. Corporation Name
FLORIDA MEDICAL ESTHETICS ASSOCIATION INC.



Principal Place of Business 211 E. MALLEDALE BEACH BLVD HALLANDALE FL 33009 US	Mailing Address 211 E. HALLANDALE BEACH BLVD N. MIAMI BEACH FL 33009-5524 US
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2. Principal Place of Business 21 20335 Biscayne Blvd Suite, Apt. #, etc. Suite L-37 City & State Aventura 33180 Zip 25	2a. Mailing Address 26 P.O. Box 4346 Suite, Apt. #, etc. Hallandale, FL 33009 City & State 28 Zip 30	3. Date Incorporated or Qualified 10/13/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0537561	Applied For <input type="checkbox"/> 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent COWHEARD, CHRISTINE 5169 S. UNIVERSITY DR. DAVIE FL 33328	10. Name and Address of New Registered Agent 800002214948 -06/17/97--01077--02885 ***E1.25 FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Christine Cowheard* DATE **4-21-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE Inna Safaroff	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAFAROFF, INNA G.		1.2 NAME 1750 NE 191st #302	
STREET ADDRESS 1750 NE 191 ST SUITE 302		1.3 STREET ADDRESS N.M.B., FL 33179	
CITY-ST-ZIP N. MIAMI BEACH FL		1.4 CITY-ST-ZIP Vice-President	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Cowheard Christine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUMANN, WILMA		2.2 NAME 5169 S University Blvd DR.	
STREET ADDRESS 2121 PONCE DE LEON BLVD		2.3 STREET ADDRESS DAVIE, FL 33328	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE MD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Ferdinand Becker M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LENTINI, JEROME		3.2 NAME 777 37th Suite 101	
STREET ADDRESS 5130 LINTON BLVD #C-7		3.3 STREET ADDRESS Vero Beach, FL 32962	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE ED	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Nancy Schall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENNESSY, SYLVIE		4.2 NAME 3237 NE 10th St #6	
STREET ADDRESS 320 FENSTRE BLVD		4.3 STREET ADDRESS Pompano Beach, FL 33062	
CITY-ST-ZIP DAYTONA BEACH FL		4.4 CITY-ST-ZIP	
TITLE ED	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Rosemarie Leo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COWHEARD, CHRISTINE		5.2 NAME 3671 Turtle Run Blvd #1322	
STREET ADDRESS 5169 S. UNIVERSITY BLVD DR.		5.3 STREET ADDRESS Coral Spring FL 33067	
CITY-ST-ZIP DAVIE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Lina Sverdlov	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME 2336 Country Club Rd #1607	
STREET ADDRESS		6.3 STREET ADDRESS Aventura, FL 33180	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Inna Safaroff* DATE: **4-2-97** **934-456-0133**

CR2E037 (9/96)