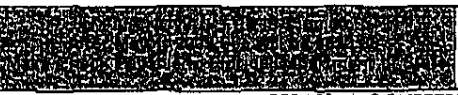


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90291 045 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000021992			
1. Entity Name INTERNATIONAL AMERICAN ACADEMY OF AESTHETIC MEDICINE, INC.			
Principal Place of Business 10305 NW 41 STREET #120 MIAMI, FL 33178		Mailing Address 10305 NW 41 STREET #120 MIAMI, FL 33178	
2. Principal Place of Business 8000 N.W. 31st Street Suite, Apt. #, etc. Suite # 9		3. Mailing Address 8000 N.W. 31st Street Suite, Apt. #, etc. Suite # 9	
City & State Miami, FL		City & State Miami, FL	
Zip 33122	Country USA	Zip 33122	Country USA
4. FEI Number 85-1005265		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ-CONDE, ISIDRO 10306 NW 41 STREET SUITE 120 MIAMI, FL 33178		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Signature (typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when releasing)	
9. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PEREZ-CONDE, ISIDRO 3090 NW 99 PLACE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5300 NW 114 AV Suite # 109 MIAMI-FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: ISIDRO PEREZ-CONDE G.		03/28/03 305-4688836	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

90066706

☐ CHECK HERE IF MAKING CHANGES

CREC034 (10/02)