FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000012663 (9)

LORCA BEAUTY, INC.										
								!	ANA da id a aka an khalo diliy	8 6 11 86 2112 2 86 1
Principal Plac		s	Mailing Addre	ess					in majar tifile tifile Attil	3 81-88 (1)(1891
2414 E. SUNRISE BLVD. 2414 E. SUNRISE BLVD.										
GALLERIA MALL FT. LAUDERDALE FL 33304 GALLERIA MALL FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304								DO NOT WRITE	IN THIS SPACE	
		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			3. Date Incorporated or Qualified	114 11110 017102	
								02/10/1993		
2. Principal P	Place of Busin	2a. Mailing Ad	2a. Mailing Address			16711	4. FEI Number		Applied For	
21			26					65-0393691		Not Applicable
Suite, Apt.	#, etc.	_	27					5. Certificate of Status Desired		5 Additional Required
City & Stat	te		City & Stat	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23			28					Trust Fund Contribution Added to Fees		
Zip 24	ŀ	Country	Zip	L.	Countr	у		8. This corporation owes or has pa		
24 25 29 30 9. Name and Address of Current Registered Agent					101			Personal Property Tax due June 10. Name and Address of New Re		∐ No
CARLOS, LOUISE 81 Name								10. Name and Address of New He	Siereran währer	
2402 E SUNRISE BLVD										
SU		82	Street	i Addres	ss (P.O. Box Number is Not Acceptab	·le)				
FORT LAUDERDALE FL 33304										
					64	City			FL 85 Zi	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.						re-named	d corpoi	ration submits this statement for the p		its registered
office of r agent. I a	regi ste red ag ım fam iliar wi	ent, or both, in the Si th, and accept the of	tate of Florida. Such ch ⊝ligations of, Section 60	an ge wa s aut 97.0505, Florid	thorized b da Statute	y the col	rporatio	n's board of directors. I hereby accep	it the appointment i	as registered
SIGNATURE			-							
	Signature, lyped		agent and little if applicable	(NOTE: F		ent signatur	e required	when reinstating)	DATE	
12.	PTD	OFFICERS	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		
NAME		LOUISE	Ш	NCCERE	1.1 TITLE			ame,	Change	e 🔲 Addition
PAIN AMEDICAN OID					1.2 NAME		122	10W 33ST #	103	
DELDAY DELOU EL 00404			1	1.3 STREET AD			200	LAUDERDALE IL		a
CITY-ST-ZIP TITLE	DECIM	DENOTITE 33404		DELETE	1.4 CITY-1	ST-ZIP	4-1-	CHANGE IL	3330	
NAME	_ ·								☐ Change	e 📙 Addilion
STREET ADDRESS					2.2 NAME	ADDRESS				
CITY-ST-ZIP					2.4 CITY-					
TITLE				DELET E	3.1 TITLE	OI-FIL	 	· · · · · · · · · · · · · · · · · · ·	☐ Change	e Addition
NAME			_		3.2 NAME					- 10047011
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP					3.4. CITY-					
TITLE				DELETE	4.1 TITLE	<u> </u>	†		Change	Addition
NAME					4. 2 NAME		ľ			
STREET ADDRESS	I				4.3 STREET	ADDRESS	i			
CITY-ST-ZIP					4.4 CITY- 9	ST-ZIP				
TITLE				DELETE	5.1 TITLE				☐ Change	Addition
NAME					5.2 NAME					ŀ
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY - S	IT - ZIP				
TITLE				DELETE	6.1 TITLE				☐ Change	Addition

14. 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 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 any illamment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Mar 27 1998 8:00am

Secretary of State