

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Mar 04 1996 8:00 am  
Secretary of State

**DOCUMENT # P93000027039 (5)**

1. Corporation Name

**GLAMOUR INSTITUTE OF ESTHETIC REHABILITATION & MEDICAL CENTER, INC.**



03/04/96 -01085--025  
\*\*\*\*208.75 \*\*\*\*208.75

Principal Place of Business

Mailing Address

7163 SW 8TH ST  
MIAMI FL 33144

7163 SW 8TH ST  
MIAMI FL 33144

3. Date Incorporated or Qualified  
**04/06/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FFI Number  
**65-0405047**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MONTIEL, CARLOS~~  
35 SIDONIA AVENUE  
APT C  
CORAL GABLES FL 33134

81 Name **Daisy Perez**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1791 SW 142 Ave**  
83  
84 City **Miami** FL 85 Zip Code **33175**

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, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>DP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>IDELFONSO, PASTRANA</del>	
STREET ADDRESS	<del>2358 SW 18 ST #3</del>	
CITY-ST-ZIP	<del>MIAMI FL 33145</del>	
TITLE	<del>BY</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MONTIEL, CARLOS</del>	
STREET ADDRESS	<del>35 SIDONIA AVE. APT. C</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL 33134</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>D.P.V.P</b>	
3. STREET ADDRESS	<b>Daisy Perez</b>	
4. CITY-ST-ZIP	<b>1791 SW 142 Ave</b>	
5. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>Charles Perez</b>	
7. STREET ADDRESS	<b>1791 SW 142 Ave</b>	
8. CITY-ST-ZIP	<b>Miami FL 33175</b>	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
96 MAR -4

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 (206-7911)  
By: \_\_\_\_\_  
Telephone # \_\_\_\_\_

CR2E034 (12/95)