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

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037847 (9)

EXFOLE, INC.

Principal Place of Business	Mailing Address			
1861 CLINT MOORE BOAD SUITE 192 BOCA RATOR FL 33487	1801-CLINT MOORE BOAD SUITE 107 BOCA REJON FL 33482-2752			
US	US	3. Date Incorporated or Qualified 05/26/1993		ate of Last Report <b>29/1996</b>
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied
21 1801 CLINT MOORE F	RO26 5030 CHAMPION BLUC	65-0413567		Not App
Suite, Apt. #, etc. 22 SUITE 205	Suite, Apt. #, etc. 27 SUITE G6-228	5. Certificate of Status Dosired		\$8.75 Addition
City & State	City & State	6. Election Campaign Financing		\$5.00 May

-	H	L.	t.	١.,

97 JUN 26 AM 6: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1 1801	CLINI MOOKE KI	26 5030 CHAN	JPION BL	V() 65-0413567	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Additional
2 SUI		27 SUITE G6-	-228	B. Certificate of Glatus Desirety	Fee Required
City & States	A RATION, FL	City & State  28 GCA RAT	ON FL	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be  ★ Added to Fees
Zip 4 334	Country 87 25 US	ZID 33496 30	Coultry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☑ No
	9. Name and Address of Current I		<u>'</u>	10. Name and Address of New Ro	egistered Agent
RAPHAEL, VALERIE 2427 N.W. 62ND ST. BOCA RATON FL 33496				RAPHAEL VA ddress (P.O. Box Number is Not Accepta 2556 N. W	LERIC ST
500	A MICH I L 00480		83		C-1111 O 1
			84 City 13	YA RATON	FL 85 Zip Code 334
11. Pursuant	to the previsions of Sections 607.0502	and 607.1508, Florida Statutes, 1	the above named o	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered
agent. I a	m tarylliar with and agong the obligation	his of, Section 607.0505, Florida	s Statutes.	bration's board of directors, rinereby acce	pt the appointment as registered
SIGNATURE	11. 1 TUNNE	<b>r</b>	•		6/24/97
			gistered Agent signature n		DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	<b>●</b> CEO	☐ DELETE	1.1 TITLE		Change Addition
NAME :	RAPHAEL, VALERIE	ALL ALIETTE OF	1.2 NAME	7000022	274974
STREET ADDRESS	2427 N.W. 62ND ST. 2556		1.3 STREET ADDRESS	-07/017	22 <b>74974</b> 9701041001
CITY - ST - ZIP	BOCA PATON FL-88498 BOC		1.4 CITY-ST-ZIP	****17	∩_nn <b>±</b> ***170_00
TITLE	SECRETARY	DELETE	2.1 TITLE		Change Addition
NAME	RAYMOND AUGU	STING	2.2 NAME		
STREET ADDRESS	5272 TENNIS L	ANG	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELFAY BCH , F	33496	2. 4 CITY-ST-ZIP		
TITLE	TREASURER	DELETE	3.1 TITLE		Change  Addition
NAME	WILLIAM FOGAR	<b>r</b> √	3.2 NAME		
STREET ADDRESS	0.01 CLIMP MADA 0/	. On 11 lan	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATION, FL	3549 C	3.4. CITY - ST- ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		-	4. 2 NAME		1 <u>V</u> I
STREET ADDRESS			4.3 STREET ADDRESS	$\mathcal{M}$	41
CITY-ST-ZIP			4.4 CITY - ST - ZIP	<u></u>	, 90 1
TITLE		☐ DELETE	5.1 TITLE	7	Change Addition
NAME		1	5.2 NAME	ſ	1
STREET ADDRESS			5.3 STREET ADDRESS	6	
CITY-ST-ZIP			5.4 C(TY - ST - Z(P	Ę	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE1 ADDRESS		
CITY-ST-ZIP			6.4 CITY- ST- ZIP		
	by certify that the information supplied a	with this filing does not qualify fo		sted in Section 119 07(3)(i) Florida Statute	es. I further certifu that the

I do hereby certify that the information supplied with this filling 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 appartachment with an address.

Applied For





Tuesday, June 24, 1997

THE NATURAL SKIN LIFE SYSTEM

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Annual Report

To Whom It May Concern:

We have moved and this report was not forwarded to our mailing address, it went to the wrong suite and no one was aware of this. The last time we filed the report was in July of last year so were review our annual licensing obligations and realized this is due. We contacted the suite that received this and they had several pieces of our mail. We are sorry about this oversight, unfortunately since it did not go to the right location we did not meet the desired deadline. Due to the circumstances we have issued a check in the amount of \$170.00.

If you should have any questions please call me at 561-241-9299, thank you for your time.

Sincerely,

Raymond Augustine Secretary – Exfole', Inc.