

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

1995



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 PM 10:56

DOCUMENT # P93000065668 (4)

NOSOVSKY & NOSOVSKY MEDICAL SKIN THERAPY CENTER,
INC.

3575 NE 207 STR
STE B16
AVENTURA FL 33180
US

3575 NE 207 STR
STE B16
AVENTURA FL 33180
US

09/16/1993

03/23/1994

65-0435106

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9 Name and Address of Current Registered Agent

NOSOVSKY, GREGORIO
3598 YACHT CLUB DR
STE 1503
AVENTURA FL 33180

10 Name and Address of New Registered Agent

FL

DPT
NOSOVSKY, GREGORIO
3598 YACHT CLUB DR, STE 1503
AVENTURA FL
DV
NOSOVSKY, ISAAC
3501 MAGELLAN CIRCLE #631
N MIAMI BEACH FL 33180
DS
NOSOVSKY, ILENE R
3598 YACHT CLUB DR, STE 1503
AVENTURA FL

SIGNATURE: X

SIGNATURE AND LEGAL PRINTED NAME OF SIGNING OFFICER OR OFFICE

X 6-21-94 Y(305)612-1154

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**



1995

DOCUMENT # P93000065783 (1)

GABRIEL SOREN OPTICAL, CORP.

932 N.E. 26TH AVE.
HALLANDALE FL 33009

932 N.E. 26TH AVE.
HALLANDALE FL 33009

2	26	3	4	5	6
21	26	7	8	9	10
22	27	11	12	13	14
23	28	15	16	17	18
24	29	19	20	21	22

SOREN, GABRIEL
932 N.E. 26TH AVE.
HALLANDALE FL 33009

81	82	83	84	85
Name and Address of New Registered Agent				FL

11. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original report of the corporation's financial condition for the year ended December 31, 1994, as required by the provisions of the Florida Statutes, Chapter 607, and that the same is true and correct to the best of my knowledge and belief.

12. D
SOREN, GABRIEL
932 N.E. 26TH AVE.
HALLANDALE FL
PVST
SOREN, GABRIEL
932 N.E. 26TH AVE.
HALLANDALE FL

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original report of the corporation's financial condition for the year ended December 31, 1994, as required by the provisions of the Florida Statutes, Chapter 607, and that the same is true and correct to the best of my knowledge and belief.

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

6/22/95 1305/452 1307

CR2E034 (3/95)