EILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070310 (6)

ZENITH GOLDLINE DERMATOLOGICALS, INC.

Principal Place of Business 150 EILEEN WAY SYOSSET NY 11791			Mailing Address 8900 NW 36TH ST MIAMI FL 33178-2404								
2. Principa: Place of Business			2a. Mailing Address					4. FEI Number		A	pplied For
1		26 4400 Biscayne Boulevard					levard	65-0490546	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #. etc.						5. Certificate of Status Desired	ı	• • •	Additional
22		27							_		equired
Gity & State	City & State						6. Election Campaign Financin	May Be			
7	Compte	28		F101		Country		Trust Fund Contribution			to Fees
Zip □1	Country	29	Ζφ 33137			•		This corporation has liability Florida Statutes	for intangible XI:Yes [s. 199.032,
4	25 Name and Address of Curre	L			[30]	USA		10. Name and Address of Nev			
						81	Name				
TABERNILLA, ARMANDO A 8800 NW 36TH ST								Tabernilla, Armand	lo A,		
MIAMI FL	82 Street Add				Street Add	ress (P.O. Box Number is Not Acceptable) 4400 Biscayne Bouleyard					
MINAMIIL	00170					83		viou biscayne boul	revara		
						84	City	Miami	FL		Code
44 Dursupst to the	provisions of Spetione 607 066	72 and 6/	17 1508 Flor	ida Statut	oc th	a show	e named con	poration submits this statement for			137
agent Lam fam-	red agent, or both, in the State Har with, and accept the oblig	e of Floric pations of	la. Such chai , Section 607	nge was '.0505, Fk	authoi orida :	rized by Statute:	y the corpora s.	tion's board of directors. I hereby a	ccept the app	ointment as	registered
SIGNATURE Signaline	e, typed or proted dame of registered ag	ant and fire	i applicable	TON)	£ Rega	stered Age	ent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN	ID DIREC	TORS			13.		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTO	RS IN 12
TITLE PD				ELETE	1	.1 TITLE				☐ Change	Additio
	EIN, JOHN H				1	.2 NAME		SEE ATTACHED LIS	*		
OTTICE THE BITCOO	LAGRAND AVENUE				1	1.3 STREET	ADDRESS	SEE MITACHED FIS	T		
0111 01 211	rthvale nj				_1	1.4 CITY - S	ST - ZIP				
TOTALE VPC				ELETE	3	21 TITLE				☐ Change	Additio
	ENNIGER, RICHARD J				2	2.2 NAME					
OTTICE TO LEGITIMO	00 NW 36TH STREET				1 2	3 STREET	ADDRESS				
	MI FL			<u> </u>		4 CITY-	ST-ZIP				
THE VP	0/ED 0/4/DV		[_][ELETE	1	31 TITLE				Change	Addition
50	OVER, RANDY					32 NAME					
CT IEET TECTILISE	NW 36TH STREET						ADDRESS				
OILL OILE	MI FL					3 4. C(TY-	ST-ZIP				
TITLE VP	DO MODATI W			ELETE		4 1 TITLE	1			Change	Addition
000	PS, MICHAEL W					4 2 NAME					
1414	00 NW 36TH STREET VMI FL						ADDRESS				
	WIII I'L		T -	NEI ETE		4.4 CITY - 5	ST-ZIP			Change	Addition
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000	IZI, ANDREW					5.2 NAME					
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TITLE AS	BIN, DORA B		LJ	AET ETE		6.1 TITLE				- Unange	[] Addition
000	DIN, DORA B DO NW 36TH STREET					6.2 NAME					
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C.TY - ST - ZIP MLA	VIII (L				- 1	6 4 CITY - S	ST-7IP				

6.4 CITY-ST-ZIP

14. I do 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 an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

Dora B. Rubin

305-575-6000

1997 FLORIDA CORPORATION ANNUAL REPORT ZENITH GOLDLINE DERMATOLOGICALS, INC. Ouestion 13

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Siegel, Jordan

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AS

Rubin, Dora B.

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