

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000084494 (2)

1. Corporation Name

PROFESSIONAL FACE PEEL CENTER, INC.



Principal Place of Business

Mailing Address

5130 LINTON BOULEVARD
SUITE G-7
DELRAY BEACH FL 33484

5130 LINTON BOULEVARD
SUITE G-7
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0456648

Applied For

Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

24. City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

25. Zip

Country

29. Zip

Country

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

AMADOR, ANA
5150 LINTON BOULEVARD
SUITE G 6/7
DELRAY BEACH FL 33484

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 and the corporation

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
AMADOR, ANA
5150 LINTON BOULEVARD, SUITE G 6/7
DELRAY BEACH FL 33484

1.1 TITLE ☐ Change ☐ Addition

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 (407) 496-5893

CR2E034 (12/95)