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 # **P94000009668 (2)**

1. Corporation Name

~~PARIS SKIN CARE, INC.~~ change N/C 2-5-96 SG

to "Anis Lacerte Cosmetic Creation, inc"

Principal Place of Business	Mailing Address
2424 N. FEDERAL HWY SUITE 105 BOCA RATON FL 33431 change	16 ANDREWS AVE #3 DELRAY BEACH FL 33483 change

3. Date Incorporated or Qualified: 01/31/1994

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

4. FEI Number: 65-0468679 ☑ 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

2. Principal Place of Business	2a. Mailing Address
21 927 45th street	26 4077 NW 2nd CT
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27
City & State 23 West Palm Bch	City & State 28 Delray BCH
Zip 24 33434 Country 25 FL	Zip 29 33445 Country 30 FL

9. Name and Address of Current Registered Agent

~~LACERTE, AGNES N~~
~~16 ANDREWS AVENUE~~
~~SUITE 3~~
~~DELRAY BEACH FL 33483~~

New address

10. Name and Address of New Registered Agent

81 Name: LACERTE, AGNES N

82 Street Address (P.O. Box Number is Not Acceptable): 4077 NW 2nd CT

83

84 City: Delray Bch FL 85 Zip Code: 33445

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: Agnes Lacerte DATE: 01-16-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ ☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	~~LACERTE, AGNES~~	1.2 NAME	LACERTE, AGNES
STREET ADDRESS	~~16 ANDREWS AVE #3~~	1.3 STREET ADDRESS	4077 NW 2nd CT
CITY-ST-ZIP	~~DELRAY BEACH FL 33483-7046~~	1.4 CITY-ST-ZIP	Delray Bch FL 33445
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	300001777943 -04/12/96--01016--030 ***200.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: Agnes Lacerte 01-16-96 SG 4-11-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(407)495-4433 or (407)789-1868