

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000024573 (5)

1. Corporation Name

SPA DU SOLEIL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:22

Principal Place of Business

Mailing Address

1001 SOUTH BAYSHORE DR.
SUITE 1712
MIAMI FL 33131

C/O PENINSULA REGISTERED AGENTS INC.
200 S.E. FIRST ST.
MIAMI FL 33131

318 Crandon Blvd #227
Key Biscayne, FL 33149

c/o Raymond L. Robinson, Esq.
2601 S. Bayshore Dr.
Miami, FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

4. FEI Number

☒ 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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 2601 S. Bayshore Dr.

23 City & State

27 19th Floor

24 Zip Country

29 33133 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS INC.
-INTERCONTINENTAL BANK BLDG.-
-200 S.E. FIRST ST.-
MIAMI FL 33131

c/o Raymond L. Robinson, Esq.
2601 S. Bayshore
MIAMI, FL 33133

81 Name

Raymond L. Robinson, Esq.

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

2601 S. Bayshore Dr. Suite 19th Fl

83 City

MIAMI

84 Zip Code

FL

85 33133

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

(Signature, typed or printed name of registered agent and the corporation)

(Signature, typed or printed name of registered agent and the corporation)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ZUNIGA MAURICIO
STREET ADDRESS	1001 S. BAYSHORE DR. SUITE 1712
CITY ST ZIP	MIAMI FL 33131
TITLE	D, PT
NAME	ZUNIGA, ROXANNE T
STREET ADDRESS	1001 S. BAYSHORE DR. SUITE 1712
CITY ST ZIP	MIAMI FL 33131
TITLE	D
NAME	SCANLAND, ANGELA
STREET ADDRESS	1001 S. BAYSHORE DR. SUITE 1712
CITY ST ZIP	MIAMI FL 33131
TITLE	D
NAME	TORRES, OLGA
STREET ADDRESS	1001 S. BAYSHORE DR. SUITE 1712
CITY ST ZIP	MIAMI FL 33131
TITLE	Secretary
NAME	Raymond L. Robinson
STREET ADDRESS	2601 S. Bayshore Dr. - 19th Floor
CITY ST ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 in an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

5/31/95

305-859-2009