

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 13 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033890 (2)**

1. Corporation Name

**NU IMAGE COSMETIC INTERNATIONAL, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/02/1994** 3a. Date of Last Report

4. FEI Number **59-3243922** 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

## 9. Name and Address of Current Registered Agent

**MARTIN, DOLORES I**  
**2107 GROVE VALLEY AVE.**  
**PALM HARBOR FL 34683**

## 10. Name and Address of New Registered Agent

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 607.1508, 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 title if applicable)

(NOTE: Registered Agent signature required when re-electing)

DATE

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>PSTD</b>                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARTIN, DOLORES I</b>      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2107 GROVE VALLEY AVE.</b> | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                | <b>PALM HARBOR FL 34683</b>   | 1.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                               | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                |                               | 2.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                               | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                |                               | 3.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                               | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                |                               | 4.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                               | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                |                               | 5.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                |                               | 6.4 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 110.07(3)(b), 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. I am an officer or director of the corporation or the receiver or liquidator 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 or without.

SIGNATURE: **DOLORES I. MARTIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF:

OFFICER OR DIRECTOR

DATE **4/7/95 (8/3) 789-0733**