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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000059009 (8)

ULTRASSAGE INTERNATIONAL, INC.

Principal Place (of Business	Mailing Address			
2721 NE 165 ST N MIAMI BEACH FL 33160		2721 NE 165 ST N MIAMI BEACH FL 33160	-4044		
				3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 04/23/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc		65-0511327	Not Applicable
Suite, Apt #,	, еп.	Suite, Apr. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Marketon - 1811 (211) (112) (117) (117) (117)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	LIAN, KEN		Or Name		
	NE 165TH ST		82 Street Add	ress (P.O. Box Number is Not Acceptab	e) .
N MIA	AMI BEHAC FL 33160		83		
			84 Cily		FL 85 Zip Code
SIGNATURE 81	ay aloo logeda eeye too karkad ay deel OFFICERS	daged and the Tapposable (NOI AND DIRECTORS	E. hugistered Agent signature requ	ired when recistating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
101_E	PD	DELETE	1 1 TITLE		Change Addition
	NEGRIN, VIVIANE		12 NAME		
	2721 NE 185TH ST		1.3 STREET ADORESS		
	N MIAMI BEHAC FL	T percent	1.4 CITY - ST - ZIP		Chara D Addition
1	STD	L. DELETE	2.1 TIFLE		Change
	KUPELIAN, KEN 2721 NE 165TH ST		2.2 NAME 2.3 STREET ADDRESS		
	N MIAMI BEAHC FL		2 4 CITY-ST-ZIP		
TILE	IN MINIMI DENIO I E	☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C TY+ST+ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
\$TREET ADDRESS			4.3 STREET ADDRESS		
C TY - ST - ZIP		DELETE	4.4 CHY+ ST - ZIP 5.1 TITLE		Change Addition
TITLE		(DLTL+E	5.2 NAME		El cusulte El vanition
NAME STREET ACCURESS			5.2 NAME 5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADORESS		
CITY-ST-ZIF			6 4 CITY - ST - ZIP		
14. I do hereby information Lam an offi	y certhy that the information sup undicated on this annual report oer or director of the comoratio	plied with this filing does not quali or supplemental angual report is to on or the receiver corrected empoy	fy for the exemption state rue and accurate and that vered to execute this repo	d in Section 119.07(3)(i), Florida Statute It my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that the I effect as if made under oath; tha tatutes; and that my name

NAME OF SIGNING OFFICER OR DIRECTOR

information indicated on this annual report or stam an officer or director of the corporation of appears in Block 12 or Block 13 if changed

SIGNATURE:

FILED

Jan 14 1997 8:00am

Secretary of State