

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 # P94000069806 (5)

1. Corporation Name

DERMETIC IMAGES, INC.

Principal Place of Business

2338 IMMOKALEE RD.
#271
NAPLES FL 33942-1445

Mailing Address

2338 IMMOKALEE RD.
#271
NAPLES FL 33942-1445

APPROVED
AND
FILED

95 MAY -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001517903

-06/20/95--01096--014

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/20/1994

4. FFI Number

65-0554919

☒ 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 2338 IMMOKALEE RD.

26 2338 IMMOKALEE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #271

27 #271

23 City & State
NAPLES FL

28 City & State
NAPLES FL

24 Zip Country
33942-1445 USA

29 Zip Country
33942-1445 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISER, VIRGINIA
2338 IMMOKALEE RD.
#271
NAPLES FL 33942-1445

81 Name
VIRGINIA WISER

82 Street Address (P.O. Box Number is Not Acceptable)
2338 IMMOKALEE RD #271

83

84 City
NAPLES

FL

85 Zip Code
33942-1445

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

Virginia Wiser

Virginia Wiser

4/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Treasurer
NAME	TAMAR CANALES
STREET ADDRESS	11600 MCKENNA AVE
CITY, ST, ZIP	BONITA SPRS FL 33923
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

REMITTED BY MAY 1 f.g.

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(2)(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. 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 (hereafter, or on an attachment with an address).

SIGNATURE:

TAMAR L CANALES

4-27-95

992-0925