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

**PRO**FIT **CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000069806 (5)

BIODERMETIQUES IMAGES INC.

Principal Place of Business		Mailing Address			1410 IDIOI IDIAI DOIID QIII 1001	
2338 IMMOKALEE RD.		2338 IMMOKALEE RD.				
#271		#271		DO NOT WRITE IN THE	DO NOT INDITE IN THE CDACE	
NAPLES FL 33942-1445		NAPLES FL 33942-1445		3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE	
				09/20/1994		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0554919	Not Applicable	
Suite, Apt	#, etc	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
<b>23</b> Zip	Country		Country	8. This corporation owes or has paid the o		
24	25	29 3		Personal Property Tax due June 30.	Yes No	
24	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent	
STATES, WALTER 81 Name						
2338 IMMOKALEE RD			62 Street A	Donald Wiser et Address (P.O. Box Number is Not Acceptable)		
#271				2338 Immokalee Rd. #271		
NAPLES FL 33942			63			
			84 City		85 Zip Code	
	*			Naples F		
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept this configurations of, accept 0505, Florida Statutes.						
agent. Lar	n tami ar with, and accept the orac	ations of, Section 907 0505, Flori	da Statutes			
SIGNATURE	Signature: typical or printed name through the stage	NY I VIKUN	Registered Agent signature			
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	7	<b>₩</b> DEFETE	1.1 TITLE	Drogidont	X Change Addition	
NAME	CANALES, TAMAR		1.2 NAME	President		
STREET ADDRESS	11600 MCKENNA AVE		1.3 STREET ADDRESS	Donald Wiser	33928	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY - ST - ZIP	22655 Island Lakes D		
TITLE	P	<b>⊠</b> DELETE	21 TITLE	Treasurer, Sec.	Change Addition	
NAME	STATES, WALTER		2 2 NAM <del>l</del>	Denise States		
STREET ADDRESS	3175 BEE ST E ORANGE PARK FL		2.3 STREET ADDRESS	3175 Bee St. E. Orang	e Park, FL	
CITY-ST-ZIP TITLE	CHANGE PARK FL	DELETE	2.4 CITY-ST-ZIP 31 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		pange didition	
NAME			4.2 NAME		//L/L	
STREET ADDRESS			4.3 STREET ADDRESS		7//////////////////////////////////////	
CITY+ST-ZIP			4.4 CITY - \$1 - ZIP		MY YOU	
TITLE		DELETE	51 THUF		LI Unange LI Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-7IP		DELETE	5.4 CITY - ST - ZIP		Change Addition	
TITLE		בן טנננונ	6.1 TITLE			
NAME			6.2 NAME	<b>5000</b> 0225700 -06/23/9891092	77.1	
STREET ADDRESS			6.3 STREET ADDRESS	**************************************	•• m →	

14. I hereby certify that the information supplied with this filing 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 angual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the received 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 payaddress.

**FILED** 

Jun 22 1998 8:00am

Secretary of State