SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $270)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:29

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000075108 (8)

1. Corporation Name
IMAGOS SKIN CARE SYSTEMS, INC.

Principal Place of Business: ~~9205 SW 72ND CT SUITE 200 MIAMI FL 33143~~
Mailing Address: ~~9205 SW 72ND CT SUITE 200 MIAMI FL 33143~~

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21. 9090 SW 87th Ct
22. Suite, Apt. #, etc.: Suite 200
23. City & State: Miami Florida
24. Zip: 33176
25. County: Dade

2a. Mailing Address
26. 9090 SW 87th Ct
27. Suite, Apt. #, etc.: Suite 200
28. City & State: Miami, Florida
29. Zip: 33176
30. County: Dade

4. FEI Number: 65-0527216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. ☐ $5.00 May Be Added to Fees

8. This corporation has liability for exemption ... Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

PEREZ-GURRI, KATHY C
~~9205 SW 72ND CT~~
~~SUITE 200~~
~~MIAMI FL 33143~~

10. **Name and Address of New Registered Agent**

81. Name: Perez-Gurri, Kathy C
82. Street Address (P.O. Box Number is Not Acceptable): 8875 S.W. 110 Street
83.
84. City: Miami FL 85. Zip Code: 33176

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] Jose A. Perez-Gurri M.D. 6/20/95
Registered Agent signature required when reinstating — DATE

12.	OFFICERS AND DIRECTORS
TITLE	D
NAME	PEREZ-GURRI, KATHY C
STREET ADDRESS	~~9205 SW 72ND CT SUITE 200~~ 8875 SW 110th St
CITY ST ZIP	~~MIAMI FL 33143~~ Miami, Fl 33176

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE	PRESIDENT / TREASURER	☑ Change ☐ Addition
1 NAME	Perez-Gurri, Kathy C.	
1 STREET ADDRESS	8875 S.W. 110 Street	
1 CITY ST ZIP	Miami, Fl. 33176	
2 TITLE	Vice President / Secretary	☐ Change ☑ Addition
2 NAME	Perez-Gurri, Jose A	
2 STREET ADDRESS	8875 S.W. 110 Street	
2 CITY ST ZIP	Miami, Fl. 33176	
3 TITLE		☐ Change ☐ Addition
4 TITLE		☐ Change ☐ Addition
5 TITLE		☐ Change ☐ Addition
6 TITLE		☐ Change ☐ Addition

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)(i), 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 on an attachment with an address.

SIGNATURE: [signature] 6/20/95 (305) 596-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jose A. Perez-Gurri, M.D.

CR2E034 (3/95)