FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085883 (4)**

1. Corporate Name

THE FACE MAKER SKIN TREATMENT & MAKE-UP SERVICES , INC.

Principal Place of Business	Mailing Address
2901 COLLINS AVE MIAMI BEACH FL 33140	2901 COLLINS AVE MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25: Zip — 29: Country — 30:

4. FEI Number: 65-0537712 — 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 qualifies solely for exemption as provided by s. 199.032, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GONZALEZ, JACQUELINE M
2911 INDIAN CREEK DR #28
MIAMI BEACH FL 33140

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 Section 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: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	GONZALEZ, JACQUELINE M	02 NAME	
03 STREET ADDRESS	2911 INDIAN CREEK DR #28	03 STREET ADDRESS	
04 CITY ST ZIP	MIAMI BEACH FL 33140	04 CITY ST ZIP	
05 TITLE		05 TITLE	☐ Change ☐ Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY ST ZIP		08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely 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 report or supplemental 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 above, if changed, or on an attachment with an address.

SIGNATURE: X _____ _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE

0140041 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000085940 (2)

1. Current Corporate Name

EMILY DIAGNOSTICS, INC.

Principal Office Address

10640 NW 26TH PLACE
SUNRISE FL 33322

Mailing Address

10640 NW 26TH PLACE
SUNRISE FL 33322

(Document Number of this Report)

3. Date of Incorporation or Qualification: 11/21/1994

3a. Date of Last Report

2. Principal Office Address
21

2a. Mailing Address
26

4. FEI Number: 59-3273484 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

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

City, State
23

City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

7. Is this corporation subject to liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SLATKOW, GARY M
2339 NE 26TH ST.
LIGHTHOUSE POINT FL 33064

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 607.0501 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D SLATKOW, GARY M 2339 NE 26TH ST. LIGHTHOUSE POINT FL 33064	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true. I am a director or officer of the corporation or the receiver, trustee or other court appointed fiduciary required to file 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] 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0230739 CP