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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400085883 (4)

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

Principal Place	e of Briginess	malling Address								
2901 COLLINS MIAMI BBACH I		2901 COLLINS AVE MIAMI BBACH FL 33140-	COLLINS AVE AI BBACH FL 33140-4104			·				
						3. Date Incorporated or Qualified 11/28/1994	3a. Date 05/01	of Last R /1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	A	plied For	
!1		26				65-0537712	65-0537712 Not Applicable			
Suite, Apt #, etc.		Suite, Apt. #, etc.	- 1			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	3	City & State	¬1			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
7ıp 24	Gountry 25	Zip 29	30 Co.	intry		This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No				
	g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	platered Ag	ent		
GON	IZALEZ, JACQUELINE M			81	Name	•				
2911 INDIAN CREEK DR #28 MIAMI BEACH FL 33140				62	Street A	ddress (P.O. Box Number is Not Acceptable)				
				83						
				84	City		FL	85 Zip	Code	
agent. Lai SiGNATURE	m familiar with, and accept the obl	ligations of, Section 607.0505, I	Florida Stat	tute	S.	corporation submits this statement for the p oration's board of directors. I hereby accep		nanging in ntment as	registered	
				d Age	ent signature	required when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	D	☐ DELETE	1.1 TI	TLE			L	_ Change	L Addition	
NAME	GONZALEZ, JACQUELINE M		1.2 N	AME						
STREET ADDRESS	2911 INDIAN CREEK DR #2	28	1.3 STREET		ADDRESS					
CITY+S1+ZIP	MIAMI BEACH FL 33140				T-ZIP	·				
TITLE		☐ DELETE	2.1 TI	TLE	1		L	Change	Addition	
NAME			22)							
STREET ADDRESS			2.3 \$	3 STREET ADDRESS						
CITY-ST-7IP				ITY-:	ST-ZIP					
TITLE		☐ DELETE	DELETE 3.1 TI				Ļ	Change	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	TAEET	ADDRESS					
CITY-S1-ZIP			3.4. 0	CITY-:	ST-ZIP					
TITLE		☐ DELETE	4.1 T	ITLE			L,	Change	Addition	
NAMÉ.	•		4.21	MME						
STREET ADDRESS			4.3 \$	TREET	ADDRESS					
CITY - ST - ZIP			4.4 C	ITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 T	ITLE				Change	Addition	
NAME			5.2 N	AME	f					
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CHTY-ST-ZIP			540	ПΥ-8	ST-ZIP					
TITLE		DELETE	61 T	ITLE				Change	Addition	
NAME			62 N	AME						
STREET ADDRESS			6.3 S	TREE	ADDRESS					
CITY-ST-ZIP					ST - ZIP					
	by certify that the information supp	lied with this filing does not qu				tated in Section 119.07(3)(i), Florida Statute	s. I further o	ertify that	the	

I am an officer or director of the corporation or the receiver or trustee impowered 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 attachmen with an address.

FILED

May 09 1997 8:00am

Secretary of State