FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000089699 (0) DOCUMENT #
1. Corporation Name

TEND SKIN INTERNATIONAL, INC.



Principal Place of Business		Mailing Address	Mailing Address			T TO DESCRIPTION OF THE COURT O			
REGENCY PARK SOUTH, SUITE 105 100 N.W. 82ND AVE. PLANTATION FL 33324		100 N.W. 82ND AVE.	REGENCY PARK SOUTH, SUITE 105 100 N.W. 82ND AVE. PLANTATION FL 33324						
						3. Date Incorporated or Qualifite 12/09/1994	4	of Last F 4/27/19	
	ace of Business		2a. Mai'ing Address			4. FEI Number 65	-06296	.63_	Applied For
Suite Ant	# otc		26 Suite Act # ate			A PPLIED FO R			Not Applicable
Suite, Apt. #, etc. 2		F 1	Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required	
City & State)		City & State		**************************************	6. Election Campaign Financing		~~~~~	00 May Be
23		x	28			Trust Fund Contribution	° 🗆		ed to Fees
Zip		Country	Zip	Count	ry	8. This corporation has liability	for intangible to	x under s	199.032,
24	25		29	30			Yes No		
	9. Name and	Address of Curr	ent Registered Agent		1 Name	10. Name and Address of Ne	w Registered	Agent	
0105	101111111111111111111111111111111111111			°	1 Name				
	IOHN W ESQ	DADE BLUE T	JIDD ELOOD	8	2 Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
2900 E/	IST OAKLAND IDERDALE FL :	PARK BLVD., TI	TIKU FLUUK	8	3				
FI. UAU	DENDALE FL	33300			1				
	y.			8	4 City		CI	85 Z	ip Code
11. Pursuant	to the provisions	of Sections 607.050	02 and 607,1508. Florida Statu	tes, the above	named cornor	ration submits this statement for the	Duroose of cha	actino ite	registered office
OI TEUISTEI	eo agent, or boir	i. In ine State di Fid	irida. Such change was authori. ction 607.0505, Florida Statute	and hy the cor	poration's boa	rd of directors. I hereby accept the a	appointment as	registere	d agent. I am
ICUTALICAL VVI	tri, and accept th	e ubligations of, 56	ction 607.0505, Fibrida Statute	S.					
	Slonature, bosed or prin	fud name of most-red and	ont and title if a missible Ald	OTE: Property of 60	and signature, sometime	od urban constates	P. 4.7.0		
	Signature, typed or prin	of registered agr			nnt signature require		DATE	DIDECT	7D9 IN 12
12.	Signature, typed or prin	· · · · · · · · · · · · · · · · · · ·	int and trik if applicable (N ND DIRECTORS	01E: Registered Ag 13.		ed when reinstating: ADDITIONS/CHANGES TO (OFFICERS AND		
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oath; that I am an officer or director of the corporation of 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 a statachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR