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Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000089699 (0)

1. Corporation Name  
TEND SKIN INTERNATIONAL, INC.

Principal Place of Business  
REGENCY PARK SOUTH, SUITE 105  
100 N.W. 82ND AVE.  
PLANTATION FL 33324

Mailing Address  
REGENCY PARK SOUTH, SUITE 105  
100 N.W. 82ND AVE.  
PLANTATION FL 33324-7809



3. Date Incorporated or Qualified 12/09/1994  
3a. Date of Last Report 06/07/1996

2. Principal Place of Business  
21 2090 SW 71<sup>ST</sup> TERR.  
26 2090 SW 71<sup>ST</sup> TERRACE

Suite, Apt. #, etc. BAY 6-9  
27 BAY 6-9

City & State DAVIE, FL  
28 DAVIE, FL

Zip 33317  
29 33317 30

4. FEI Number 65-0629663  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
CASE, JOHN W ESQ  
2900 EAST OAKLAND PARK BLVD., THIRD FLOOR  
FT. LAUDERDALE FL 33306

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME ROSEN, STEVEN E  
STREET ADDRESS 100 NW 82ND AVE., REGENCY PARK SOUTH #105  
CITY-ST-ZIP PLANTATION FL 33324  
[ ] DELETE  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2090 SW 71<sup>ST</sup> TERRACE, BAY 6-9  
1.4 CITY-ST-ZIP DAVIE, FL 33317  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0283269

CR2E034 (9/96)