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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000024595 (7)**

1. Corporation Name
CLINICAL AESTHETIC RESEARCH, INC.

Principal Place of Business	Mailing Address
211 E. HALLANDALE BEACH BLVD HALLANDALE FL 33009 US	211 E. HALLANDALE BEACH BLVD HALLANDALE FL 33009-5524 US

3. Date Incorporated or Qualified: **03/27/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21: 20335 Biscayne Blvd
22 Suite, Apt. #, etc.: Suite L-37
23 City & State: Aventura, Florida
24 Zip: 33180
25 Country: USA

2a. Mailing Address
26: P.O Box 4346
27 Suite, Apt. #, etc.: Hallandale
28 City & State: FL 33008-4346
29 Zip:
30 Country: USA

4. FEI Number: **65-0574018** ☐ 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

SAFAROFF, INNA G
1750 NE 191ST STREET STE. 302
NO. MIAMI BEACH FL 33179

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: I. Safaroff (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GURALNIV-MARVETING , YULY 1750 NE 191ST #302 NORTH MIAMI BEACH FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Inna G. SaFaRof 20335 Biscane Blvd #L-37 Aventura, FL 33180 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Inna G. SaFaRoff President and CEO No adres Now, P.O. Box 4346 Hallandale, FL 33008 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director of operation bina SVERDLOV 3625 N. Country Club DR #1607 Aventura, FL 33180 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	bina SverdLov managing Director 3625 N. Country Club DR #607 Aventura, FL 33180 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Marketing Director Yuly GuralniK 1750 NE 191st # 302 N.M.B. FL 33179 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Yuly GuralniK - Marketing 1750 NE 191st # 302 N. Miami Beach, FL 33179 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	4/24/97 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	800002152908 -04/24/97--01002--052 ***8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700002152907 -04/24/97--01002--051 ***165.00 ☐ Change ☐ Addition

CR2E034 (9/96)

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: I. Safaroff Inna G SaFaroff 3-5-97 (954) 456-8808

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