

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024595 (7)
 1. Corporation Name
CLINICAL AESTHETIC RESEARCH, INC.



Principal Place of Business 20335 BISCAYNE BLVD. SUITE L-37 AVENTURA FL 33180 US	Mailing Address PO BOX 4346 HALLENDALE FL 32008-4346
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20335 Biscayne Blvd Suite, Apt. #, etc 22 L-37 City & State 23 Aventura, FL Zip 24 33180 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/27/1995	4. FEI Number 65-0574018 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAFAROFF, INNA G 1750 NE 191ST STREET STE. 302 NO. MIAMI BEACH FL 33179 1825 S. Ocean DR Suite PH-13 Hallandale, FL 33009	10. Name and Address of New Registered Agent 81 Name SAFAROFF INNA G 82 Street Address (P.O. Box Number is Not Acceptable) 1825 S. Ocean DR, Suite PH-13 83 Hallandale 84 City FL 85 Zip Code 33009
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAFAROF, INNA A		1.2 NAME	
STREET ADDRESS 20335 BISCAYNE BLVD SUITE L-7		1.3 STREET ADDRESS	
CITY-ST-ZIP AVENTURA FL 33180		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SVERDLOV, DINA		2.2 NAME	
STREET ADDRESS 3625 N. COUNTRY CLUB DRIVE #1607		2.3 STREET ADDRESS	
CITY-ST-ZIP AVENTURA FL 33180		2.4 CITY-ST-ZIP	
TITLE MD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURALNIK, YULY		3.2 NAME	
STREET ADDRESS 1750 NE 191ST #302		3.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *T. Safaroff* **INNA G SAFAROFF** 3-28-98 931-3443 (305/)

CR2E034 (10/97)