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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 L-37 City & State Aventura, FL Zip 33180 Country USA		2a. Mailing Address 26 PO BOX 4346 Suite, Apt. #, etc City & State Zip Country	3. Date Incorporated or Qualified 03/27/1995
22 20335 Biscayne Blvd Suite, Apt. #, etc L-37 City & State Aventura, FL Zip 33180 Country USA		27 PO BOX 4346 Suite, Apt. #, etc City & State Zip Country	4. FEI Number 65-0574018 Applied For Not Applicable
23 20335 Biscayne Blvd Suite, Apt. #, etc L-37 City & State Aventura, FL Zip 33180 Country USA		28 PO BOX 4346 Suite, Apt. #, etc City & State Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 20335 Biscayne Blvd Suite, Apt. #, etc L-37 City & State Aventura, FL Zip 33180 Country USA		29 PO BOX 4346 Suite, Apt. #, etc City & State Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 20335 Biscayne Blvd Suite, Apt. #, etc L-37 City & State Aventura, FL Zip 33180 Country USA		30 PO BOX 4346 Suite, Apt. #, etc City & State Zip Country	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 Hallandale
85 Zip Code FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SAFAROF, INNA A 20335 BISCAYNE BLVD SUITE L-7 AVENTURA FL 33180	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVERDLOV, DINA 3625 N. COUNTRY CLUB DRIVE #1607 AVENTURA FL 33180	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CURLNIK, YULY 1750 NE 191ST #302 NORTH MIAMI BEACH FL 33179	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (10/97)