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May 15 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000076092

1. Corporation Name
SPECIALTY AESTHETIC CENTER INC

Principal Place of Business Mailing Address
8000 NW 41 CT
Sunrise, FL 33351

3. Date incorporated or Qualified 10/3/1995
3a. Date of Last Report
4. FEI Number 65-0612064
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

2. Principal Place of Business 2a. Mailing Address
21 8000 NW 41 CT 26 8000 NW 41 CT
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Sunrise FL 28 Sunrise FL
24 Zip 25 Country 29 Zip 30 Country
33351 USA 33351 USA

9. Name and Address of Current Registered Agent
CARLOS ESTANGA
8000 NW 41 CT
Sunrise FL 33351

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 Signature, typed or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/30/97

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include President (CARLOS ESTANGA) and Vice-President (NELLYS LOPEZ ESTANGA).

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for title, name, street address, city-st-zip, and checkboxes for change/addition.

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

CR2E034 (9/96)