

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

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10/2

PROFIT CORPORATION ANNUAL REPORT 1997



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

98 JUL 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name
P95000076092
SPECIALTY AESTHETIC CENTER, INC.
4462 MAHOGANY RIDGE DR.
WESTON FL 33331

Principal Place of Business Mailing Address
4462 MAHOGANY RIDGE DR.
WESTON FL 33331



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 4462 MAHOGANY RIDGE DR.	2b. Mailing Address	12/03/95	
22 Suite, Apt. #, etc.	2c. Suite, Apt. #, etc.	4. FEI Number	Applied For
		65-0612064	Not Applicable
23 City & State	24 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
WESTON FL		<input type="checkbox"/>	
25 Zip	26 Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
33331		Trust Fund Contribution	<input type="checkbox"/>
27 Country	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USA			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARLOS A. ESTANCA 4462 MAHOGANY RIDGE DR. WESTON FL 33331	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]* DATE 7/2/98

Signature, name, or initials of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS A. ESTANCA	1.2 NAME	
STREET ADDRESS	4462 MAHOGANY RIDGE DR.	1.3 STREET ADDRESS	300002603813-- <input type="checkbox"/>
CITY-ST-ZIP	WESTON FL 33331	1.4 CITY-ST-ZIP	-07/31/98--01031--015
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deily L. ESTANCA	2.2 NAME	
STREET ADDRESS	4462 MAHOGANY RIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33331	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 hereof, or on an attachment with an address.

CR2E034 (9/96)

2012

July 7, 1998.

Dear Sir/Madam!

My Name is CARLOS ESTANCA. SITA

FID # 65-0612064, ~~with~~ present address
at 4462 MAHOGANY Ridge Dr. Weston, FL 33331,
Owner of specialty Aesthetic Center, Inc.

The reason of writing is because I just
arrived to USA. I have been overseas for
several months and I was not aware
of this payment. My accountant just told me.
I Apologize for this delay.

Sincerely,

