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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90097 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076092

1. Corporation Name
SPECIALTY AESTHETIC CENTER, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1995
4. FEI Number: 65-0612064
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 owes the current year Intangible Personal Property Tax: [] Yes [] No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent: ESTANGA, CARLOS A, 4462 MAHOGANY RIDGE DR. WESTON FL 33351
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ESTANGA, CARLOS A	1.2 NAME	
STREET ADDRESS	4462 MAHOGANY RIDGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33351	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	ESTANGA, NEILYS L	2.2 NAME	
STREET ADDRESS	4462 MAHOGANY RIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33351	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
Date: 4/7/99 Daytime Phone #: 954-3858496

CR2E034 (11/98)