FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000090878 (6)

ANGELIC TOUCH, INC.

MIGELI	C 1000H, INC.				
Principal Place o	of Business	Mailing Address			00110
231 NE 57TH CT		231 NE 57TH CT			
FT LAUDERDALE FL 33334		FT LAUDERDALE FL 33334			
				3. Date Incorporated or Qualified 3a 11/27/1995	a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0622833	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	<i>Ζ</i> φ	Country 30	This corporation has liability for intan Florida Statutes	gibie tax under s. 199.032, No
24	9. Name and Address of Curr	29 rent Registered Agent	30	10. Name and Address of New Regis	
	<u> </u>		81 Name	. 10.	
HALLER,	SANDRA		00 00 00 00	(D.C. Po. Number is Not Assectable)	
3821 NE 24 AVE			82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)	
	USE FL 33064		83		
-			84 City		85 Zip Code
• ,			Oily		FL 85 Zip Code
or registere	diagent, or both, in the State of Fa	oricia. Such chango was a thori-	such by the corresponding is book	ration submits this statement for the purpose of directors. Thereby accept the appointment	of changing its registered office
familiar with	i, and accept the obligations of, S	ection 607.0505, Florida Statute:	в. В.	to or directors. Thereby accept the appointment	ioni da registered agoni: i ann
SIGNATURE	Benerly S.C	luneto		3/18196	
12.	lgradies, typico of protect cancel treat electing. The end of the control of the	petarethelialierakie die AND DIRECTORS	TE Registered Agent's greature require 13.	ADDITIONS/CHANGES TO OFFICER	DATE RE AND DIDECTODE IN 10
TITLE	President	DELETE	117916	ADDITIONS/CHANGES TO OFFICE.H	Change Addition
NAME	A A	,	1.2 NAME		
STREET ADDRESS	BEVERLY S. ASE	ENATO	1.3 STREET ADDRESS		
City-St-ZiP	EI JANJUNA	rt, 33334	1.4.C/1Y - ST - Z/P		
T:TLE		DELETE	2 1 TiTLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-7iP		· ··· -··· - · · · · · · · · · · · · ·	2 4 C(TY - ST - 7)P		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-7/P TITLE		☐ DELETE	3.4 C(TY S1 - Z(P) 4.1 T-TLE		Change Addition
NAME		Пости	4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	1000 (add 1 add 1000 1 a a a a a a a a a a a a a a a a	☐ DELETE	5 1 TiTLE	cooct Total	- Change Addition
NAME			5.2 NAME * · · ·	600001791 -04/24/9601002	013
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	. 013
CITY-ST-ZIF			5.4 CITY - ST. ZIP	***COU.UU	
TITLE		☐ DELETE	6 1 THTLE		☐ Change ☐ Addition
NAME			6 2 NAME		DSK
STREET ADDRESS			6.3 STREET ADDRESS		2000
City-ST-ZIP 14. Ldo hereby	certify that the information supplies	of with this films is voluntarily fun	6 4 0 IT - ST-ZIP	or the exemption stated in Section 119.07t3	1/k) Florida Statutes Uturther

or hereby certify that the information indicated on this arrived report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under cath; 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 954 938-5131