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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90118 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000097768

1. Corporation Name
SKIN WISE, INC.

Principal Place of Business

8306 MILLS DR. BOX #621
MIAMI FL 33183
US

Mailing Address

8306 MILLS DR. BOX #621
MIAMI FL 33183
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **5900 SW 116 Avenue**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI, FL**

Zip Country

24 **33173** 25 **US**

2a. Mailing Address

26 **5900 SW 116 Avenue**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FL**

Zip Country

29 **33173** 30 **US**

3. Date Incorporated or Qualified

12/27/1995

4. FEI Number

65-0702371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AVILA, MANUEL A ESQ
2250 SW 3RD AVE, 3RD FL
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
AVILA, MANUEL A. ESQ

82 Street Address (P.O. Box Number is Not Acceptable)
8306 MILLS DR. BOX #621

83

84 City
MIAMI

FL

85 Zip Code
33183

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **AVILA, ALICIA**
CITY-ST-ZIP **8306 MILLS DR BOX #621**
MIAMI FL 33183

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **AVILA, ALICIA**
1.4 CITY-ST-ZIP **5900 SW 116 Avenue**
MIAMI FL 33173

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Alicia Dela Cruz** **AVILA** **4/28/99** **(305) 516-6770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)