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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000015810 (0)

1. Corporation Name

PERFECT TOUCH, INC.

Principal Place of Business

3452 NW 27TH AVE  
POMPANO BEACH FL 33069

Mailing Address

3452 NW 27TH AVE  
POMPANO BEACH FL 33069-1067

3. Date Incorporated or Qualified

02/20/1996

3a. Date of Last Reg

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address (New)

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

650668206

5. Certificate of Status Desired

\$8.75 A  
Fee Rec

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 A  
Added to

8. This corporation has liability for intangible tax under s.  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CIACCIO, GIUSEPPE  
3452 NW 27TH AVE  
POMPANO BEACH FL 33069

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

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X Giuseppe Ciaccio

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	President			
	Giuseppe Ciaccio	10536 NW 29th Ct	Coral Springs, FL 33065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change

400002148154  
-04/18/97--01096--035  
\*\*\*165.00

14. I do 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 by me. 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 it appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X Giuseppe Ciaccio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR