OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT [illegible] OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

09-10-1999 90013 047 ***550.00
P96000015810

99 OCT 22 PM 12:30

PROFIT
CORPORATION
ANNUAL REPORT

1999

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

DOCUMENT # [illegible]

Corporate Name

Perfect Touch, Inc P96000015810

Business Mailing Address

10536 NW 29th
Coral Springs FL 33433.

1. Principal Place of Business
10536 NW 29TH
Coral Springs FL
33065

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified
2/20/96

4. [illegible]
65 0668206

5. Certificate of Status Desired [ ] $8.75

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00

8. This or previous years (for current year Intangible Personal Property [ ] Yes [ ]

9. Name and Address of Current Registered Agent

Giuseppe J. Ciaccio
2928 NW 94th Ave
Coral Springs, FL 33065

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

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 (or agent of registered agent) with which I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

NATURE: Giuseppe Ciaccio Pres 9/6/99
(Registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

OFFICERS AND DIRECTORS

Title Pres. Giuseppe Ciaccio [ ] DELETE
Address 2928 NW 94th Ave
City-St-Zip Coral Springs FL 33065

[ ] DELETE
Address
City-St-Zip

[ ] DELETE
Address
City-St-Zip

[ ] DELETE
Address
City-St-Zip

[ ] DELETE
Address
City-St-Zip

[ ] DELETE
Address
City-St-Zip

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[ ] Change [ ] Addition

10/29

CR2E024 (5/99)

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 10 or Block 13 if changed, added or deleted.

SIGNATURE: Giuseppe Ciaccio 9/6/99
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE