

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P96000086339 (4)**

1. Corporation Name  
**SKINZONE, INC.**

Principal Place of Business  
**5110 SOUTHWEST 127 PLACE  
MIAMI FL 33175**

Mailing Address  
**5110 SOUTHWEST 127 PLACE  
MIAMI FL 33175**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/18/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0700741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**AMERICAN WYSE CHARTERED**  
**343 ALBERTA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	<b>JEANNIE C. SILVER</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5110 S W 127 PLACE</b>
83	<b>MIAMI, FLORIDA 33175</b>
84 City	<b>MIAMI</b>
85 Zip Code	<b>FL 33175</b>

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 *Jeannie C. Silver* **July 18, 1997**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVER, JEANINE C</b>	
STREET ADDRESS	<b>5110 SOUTHWEST 127 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

APPROVED  
AND  
FILED

97 AUG -7 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*pb*

CR2E034 (4/97)

SKINZONE, INC.  
Jeannie C. Silver  
5110 S W 127 Place  
Miami, Florida 33175  
July 18, 1997

*pp20/2*

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P O BOX 1500  
Tallahassee, Florida 32304-1500

TO WHOM IT MAY CONCERN:

Please be aware that I just received the second notice to file the annual corporation report for Skinzone, Inc. for 1997. I did not receive the first notice.

Please be informed of the special facts in regard to my particular case:

A--I filed for corporate status on October 18, 1996 as Skinzone, Inc. with Amerilawyer in Coral Gables, Florida.

B--I was unaware that Amerilawyer made themselves the registered agent for Skinzone, Inc. and I was not informed about their registered agent status. Thus I did not receive the first notice.

C--On February 27, 1997 I was diagnosed as having a Brain Tumor. Surgery was performed on March 6, 1997, and I am now recovering from this major illness.

D--Just at this time Amerilawyer sent me an invoice for legal representation. I immediately notified them of my current situation and that I never agreed to have them represent themselves as my registered agent.

E--In July 1997 I received this second notice to renew Skinzone, Inc. active status. I immediately called your office and spoke to a gentleman named JIM who suggested that I write to you and explain these unique circumstances. I would like to maintain my active corporate status.

Therefore, in light of the above information, please accept the filing fee of \$165.00 for the Annual Corporation Report for Skinzone, Inc. for the year of 1997.

Respectfully yours,

*Jeannie C. Silver*  
Jeannie C. Silver  
President  
Skinzone, Inc.