

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000035005 (2)**
1. Corporation Name
ESTHETIQUES & MUSCLE THERAPY NETWORK, INC.



Principal Place of Business 1009 NORTH OCEAN BLVD., #21 POMPAÑO BEACH FL 33062	Mailing Address 1009 NORTH OCEAN BLVD., #21 POMPAÑO BEACH FL 33062
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1821 MIDDLE RIVER DRIVE Suite, Apt. #, etc. 22 SUITE 15 City & State 23 FORT LAUDERDALE Zip 24 33305 Country 25 BROWARD	2a. Mailing Address 26 1821 MIDDLE RIVER DR. Suite, Apt. #, etc. 27 SUITE 15 City & State 28 FORT LAUDERDALE Zip 29 33305 Country 30 BROWARD
--	---

3. Date Incorporated or Qualified 04/18/1997	4. FEI Number 65-0757378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent DIAS, MIGUEL S 1009 NORTH OCEAN BLVD., #21 POMPAÑO BEACH FL 33062	10. Name and Address of New Registered Agent 81 Name MIGUEL S. DIAS 82 Street Address (P.O. Box Number is Not Acceptable) 1821 MIDDLE RIVER DRIVE SUITE 15 83 84 City FORT LAUDERDALE FL 85 Zip Code 33305
---	---

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 *Miguel S. Dias* 3/1/98
Signature typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAS, MIGUEL S	1.2 NAME	MIGUEL S. DIAS
STREET ADDRESS	1009 NORTH OCEAN BLVD., #21	1.3 STREET ADDRESS	1821 MIDDLE RIVER DRIVE SUITE 15
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	1.4 CITY-ST-ZIP	FORT LAUDERDALE FLORIDA 33305
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

Miguel S. Dias

3/1/98 954,561,0001

CR2E034 (10/97)