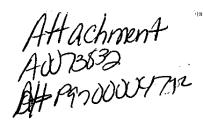
FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 19, 2001 8:00 am **DOCUMENT #** P97000047128 **Secretary of State** 1. Entity Name 06-19-2001 90878 019 ***150.00 FIGURAMA SKIN CARE, INC. Principal Place of Business Mailing Address 1201 S.W. 139 PLACE 1201 S.W. 139 PLACE MIAMI, FL. 33184 MIAMI, FL. 33184 A0073832 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0757850 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, NANCY 1201 S.W. 139 PLACE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL. 33184 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE ☐ Delete CR2E034 (11/00) TITLE Addition GONZALEZ, NANCY NAME STREET ADDRESS STREET ADDRESS 1201 S.W. 139 PLACE CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI, FL. 33184</u> Delete TITLE TITLE Change Addition NAME NAME GONZALEZ, ALVARO STREET ADDRESS STREET ADDRESS 1201 S.W. 139 PLACE CITY-ST-ZIP CITY-ST-7IP MIAMI, FL. 33184 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change JAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental report is true and accurate any 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 11 or Block 12 if

SIGNATURE: NG OFFICER OR DIRECTOR

changed, or on an attachment with an address, with

06-12-01 305 220- 9888

YESIT J. CAMPO, PA CERTIFIED PUBLIC ACCOUNTANT



June 11, 20001

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

Ref.: Document # P970000471287 FEI Number 65-0757850 Figurama Skin Care, Inc.

To Whom It May Concern:

The purpose of this letter is to inform you that 2001 Annual Report for the above reference will be sent late due to the fact my client never received the Annual Report Form and the officer had the misunderstanding that he did not have to file this report.

I hereby respectfully ask that you accept this report as timely and not subject my client to a late filing penalty.

If you have any question please contact our office.

Thank you in advance for your cooperation.

Sincerely,

Administrative Assistant