

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000051966

1. Corporation Name

LASER HAIR REMOVAL, INC.

Principal Place of Business

3333 WEST WATERS AVENUE
SUITE A
TAMPA FL 33614

Mailing Address

3333 WEST WATERS AVENUE
SUITE A
TAMPA FL 33614

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90030 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

59-3457767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 6802-A NORTH

22 ARDENIA AVE

23 TAMPA FLA

24 33604

25

26

2a. Mailing Address

26 6802-A NORTH

27 ARDENIA AVE

28 TAMPA FLA

29 33604

30

9. Name and Address of Current Registered Agent

GOMEZ, GUILLERMO
430 RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

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 Code

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

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 P ☐ DELETE

NAME LUIS, IRENO

STREET ADDRESS 4814 NORTH GOMEZ

CITY-ST-ZIP TAMPA FL 33614

TITLE C ☐ DELETE

NAME PENA, MAX RAFAEL

STREET ADDRESS 7820 NORTH ARMENIA

CITY-ST-ZIP TAMPA FL 33604

TITLE T ☐ DELETE

NAME GOMEZ, GUILLERMO

STREET ADDRESS 430 RIVERHILLS DRIVE

CITY-ST-ZIP TEMPLE TERRACE FL

TITLE S ☐ DELETE

NAME GABER MICHAEL

STREET ADDRESS 1714 CARNEGIE CIRCLE

CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE *Presidential*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1997
Date Daytime Phone #

CR2E034 (11/98)