PROFIT CORPORATION ANNUAL REPORT

1999

SUITE 110 PALMETTO MEDICAL PLAZA

HIALEAH FL 33016



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90021 033 ***150.00

DOCUMENT #	P970	00054	134
1. Corporation Name	1 370		

THE FLORIDIAN DAY SPA AND SKIN CARE INSTITUTE, I

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Principal Place of Business	Mailing Address
7100 WEST 20TH AVENUE	7100 WEST 20TH AVEN

7100 WEST 20TH AVENUE SUITE 110 PALMETTO MEDICAL PLAZA

HIALEAH FL 33016



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1997

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Su	Z. Principal P	race of business	za. Mailing Addi	ress			4. PELINUTIDES	Applied For	
City & State 27	21	- 	26 -				65-077-1530	Not Applicable	
City & State 23	Suite, Apt.			5. Certificate of Status Desired					
23					6. Election Campaign Financing	\$5,00 May Be			
Zip Country Zip Zip Zip 32 30 50	23		28						
9. Name and Address of Current Registered Agent Status		Country	Zip		Country		8. This corporation owes the current year		
9. Name and Address of Current Registered Agent	24	25	29	30	 		Intangible Personal Property.	Yes No	
BALLUA, ISABEL 7160 W 20TH AVE #M-133 FLORIDAN DAY SPA & SKIN CARE HIALEAH FL 33016 84		9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent			
T160 W 20Th AVE #M-133 FLORIDIAN DAY SPA & SKIN CARE					81	Name			
FILD W ZUTH AVE PM 1.3016 Read City FL 83 FLORIDAN DAY SPA & SKIN CARE HIALEAH FL 33016 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 submits this statement for the purpose of changing its registered office or registered agent and accept the obligations of sections 607.0505, Florida Statutes. SIGNATURE Signature, typed or princed name of registered agent and title if applicable. (NOTE: Registered Agent agrentate required when retriating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD BALWA, ISABEL 13 TITLE 13 TITLE 13 TITLE 14 CMYST2P 14 LEAH FL 33016 STD DELETE 21 TITLE 14 CMYST2P 15 STRETADORESS CITY-ST2P 17 OW WEST 2071H AVENUE 14 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 41 TITLE DELETE 31 TITLE DELETE 41 TITLE DELETE 31 TITLE DELETE 31 TITLE Change Addition A	BALUJA, ISABEL			00					
HIALEAH FL 33016 11. Pursuant to the provisions of sections S07 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or negistered 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 office or negistered 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 office or negistered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or negistered agent, or both of directors. I hereby accept the appointment as registered office or negistered agent, or product and the registered agent and the registered age					[82]	82 Street Address (P.O. Box Number is Not Acceptable)			
Section Sect	FLOR	RIDIAN DAY SPA & SKIN CARE			83	83			
1. 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 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 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 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 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 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 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 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 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 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, and in the provision of the provision agent and the provision of the provision and provision and provision accepts the appointment as registered agent, and in the provision accepts the appointment as registered was authorized by the corporation's board of directors. I hereby accept the provision accepts the papeling and the provision accepts the pape	HIAL	EAH FL 33016							
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12	agent. I a	am familiar with, and accept the obliga	ations of, section 607.	.0505, Florida	Statutes		· · · · · · · · · · · · · · · · · · ·	-	
12.	SIGNATURE								
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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 attachine powith an address.

SIGNATURE:

Date

Daytime Phone #



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July 13, 1999

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Ref: Document # P97000054134

FEI # 65-0771530

Dear Sir:

We are in receipt of our first notice of annual reports for corportations, this is the only notice we are in receipt of. We are enclosing the amount of \$150.00, and asking you to please consider the fact that this is the only notice we have received.

Thank you for your consideration in this matter.

Sincerely,

Isabel Haluja

ΙB