SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000

P97000060561 (2)

ADVANCED TRICHOLOGY SYSTEM LAB., INC.

FILED
Aug 12 1998 8:00am
Secretary of State

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7/20/01

			···•		
Principal Pia	ce of Business	Mailing Address	. 0 1-	,	
1525 LARKNE	1000 Posce de LEON SIE 3 Conal Gables	-1526 LARKNEST - 07: 100	o Porce de	LEON	
-UKLANUU-16	LEDN SIC 2	122 ORLANDO TE 98824 St	E 323	DO NOT WRITE IN THIS SPACE	
	7 1011	Diamet Can	10.11.	393. Date Incorporated or Qualified	
	Conal Gables	FL 33/34 CONG	(Gabia)	U 07/10/1997	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21	_	26 1000 POLLE	de LEON	65-0777173 Not Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27 323		Fee Required	
City & Sta	ate	Gity & State	· 1 - 1	6. Election Campaign Financing \$5.00 May Be	
23		28 CONAL Gable		Trust Fund Contribution	
Zip	Country	Zip 22/21/	Country	8. This corporation owes or has paid the current year Intangible	
24	[25]		BD	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	it Registered Agent	94 1	10. Name and Address of New Registered Agent	
	NZILLO, RUBEN P		81 Name	10x12illo, Muheur f	
	5 LARKNEST CT.		82 Street	Address (PID Boy Number is Not Acceptable)	
OR	LANDO FE 32824			00 puce de 1504 # 323	
	01.00		83		
7//	11/1/10		84 City	85 Zip Code /	
			(016((-sh/c) FL 33/34	
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		01010 01 000001 00 10000 11 101k	ou oluloies.	7/30/98	
SIGNATURE	Signature, typed or printed name of registered age	nt and tyle if applicable (NOTE	: Registered Agent signatu	ore required when reinstaling) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-PD- T	DELETE	1.1 TITLE	TREASURE Addition Addition	
NAME	MONZILLO, RUBEN P		1.2 NAME	MONZILLO RUBEN, P	
STREET ADDRESS			1.3 STREET ADDRESS	1900 Parce de LEON # 323	
CITY-ST-ZIP	ORLANDO FL 32824		1.4 CITY-ST-ZIP	Concloshes, FL 33/34	
TITLE	SD	DELETE	2.1 TITLE	Secretary . Change Addition	
NAME	-RODRIGUEZ, ORLANDO		2.2 NAME	Rodniquez, Onlando	
STREET ADDRESS			2.3 STREET ADDRESS	1000 Pare de LEOY # 323	
CITY-ST-ZIP	ORLANDO FL 32824		24 CITY-ST-ZIP	land Echler IFL 33/34	
TITLE		☐ DELETE	3.1 TITLE	Rassideat Change Addition	
NAME			3.2 NAME	Douglas Monales	
STREET ADDRESS	}		3.3 STREET ADDRESS	1000 Porce de LEON # 323	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	CORAL GABIO IFL 32/34	
TITLE		DELETE	4.1 TITLE	☐ Change /☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_ 110/2	
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME	600002616765 Addition -08/14/98-01005-043	
STREET ADDRESS			6.3 STREET ADDRESS	~U5/14/38~~U1UU5~~U43	
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP	***150.00	

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 supplied 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 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 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 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.

ADVANCED trichology System Lab. Inc.

FLA Defantment of State

As ten Dan HE lephone Convensation I am Sending the 1998 Annual Confonation Report with the \$ 150.00 Filling Fee.

I am Sending this Report Late, because this is the first Notice that I Received.

> SinceRely Solubo de Cum 7/20/98