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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9700060561

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

ADVANCED TRICHOLOGY SYSTEM LAB., INC.

| Principal Place  | e of Business  | Mailing Address  |   |  |  | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                       | #1411 <b>4818</b> 1 <b>3</b> 1118            | D110) 1101 (PD1                     |
|--|--|--|---|--|--|---|--|-------------------------------------|
| 1000 PONCE D   | •  | 1000 PONCE DE LEON   |   |  |  | ereq.   |  |                                     |
| SUITE 323 SUITE 323  |  |  |   |  | DO NOT WEITE IN THE COACE  |   |  |                                     |
| CORAL GABLES FL 33134 CORAL GABLES FL 33134  |  | 14   |   |  | DO NOT WRITE IN THIS SPACE   |   |  |                                     |
|  |  | * * *  |   |  |  | 3. Date Incorporated or Qualifed                              |  |                                     |
|  |  | Do Marillan Address  |   |  |  | 07/10/1997<br>4. FEI Number                                   |  | plied For                           |
|  | lace of Business   | 2a. Mailing Address  |   |  |  | 65-0777173  | <u> </u>                                     | t Applicable                        |
| 21 Suite Ant   | # oto  | 26 Suite, Apt. #, etc.   |   |  |  |   | \$8.75 A                                     |                                     |
| Suite, Apt.  | #, <del>6</del> 16.  | 27   |   |  |  | 5. Certificate of Status Desired                              | Fee Re                                       |                                     |
| City & State   | e  | City & State   | ~   |  |  | 6. Election Campaign Financing                                | \$5.00                                       | May Be                              |
| 23   | •  | 28   |   |  |  | Trust Fund Contribution                                       | Added t                                      |                                     |
| Zip  | Country  | Zip  | Co  | untry  |  | 8. This corporation owes the current year In                  | tangible                                     |                                     |
| 24   | 25   | 29   | 30  |  |  | Personal Property Tax.  |  | □No                                 |
|  | 9. Name and Address of Currer  |  |   |  |  | 10. Name and Address of New Registered                        | Agent  |                                     |
|  |  |  |   | 81   | Name   |   |  |                                     |
|  | nzillo, ruben p  |  |   | 82   | Street Addr  | ress (P.O. Box Number is Not Acceptable)                      |  |                                     |
|  | ) PONCE DE LEON  |  |   |  |  |   |  |                                     |
|  | TE 323   |  |   | 83   |  | <del></del>   |  |                                     |
| COR  | RAL GABLES FL 33134  |  |   | 84   | City   |   | 85 Zip (                                     | `nde                                |
|  |  |  |   | 84   | City   | FL  | _  | 200Ge                               |
| SIGNATURE  |  |  |   | tutes.   |  |   |  |                                     |
|  | Signature, typed or printed name of registered age   | nt and title if applicable. (NO  |   | (I)<br>od Agent s  | signature required   | d when reinstating)  DATE  A DOUTIONS (CHANGES TO GET/CEDS A) | ND DIRECTO                                   | PS IN 12                            |
| 12.  | Signature, typed or printed name of registered age   | nt and title if applicable. (NO<br>ND DIRECTORS  | TE: Registere   | []O<br>od Agent s  | signature required   | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A      |  |                                     |
| TITLE  | Signature, typed or printed name of registered age OFFICERS AN   | nt and title if applicable. (NO  | TE: Registere 13.   | IIO<br>od Agent s  | signature required   |   | ND DIRECTO                                   | RS IN 12                            |
| TITLE<br>NAME  | Sigheture, typed or printed name of registered age: OFFICERS AN T MONZILLO, RUBEN P  | nt and title if applicable. (NO ND DIRECTORS   | TE: Registere 13 1.17 1.21  | Agent s  |  |   |  |                                     |
| TITLE  NAME  STREET ADDRESS  | Signeture, typed or printed name of registered age: OFFICERS AN T MONZILLO, RUBEN P 1000 PONCE DE LEON, SUITE  | nt and title if applicable. (NO ND DIRECTORS   | TE: Registere 13. 1.11 1.21 1.35  | CONTRACT A   | AODRESS  |   |  |                                     |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Signeture, typed or printed name of registered age: OFFICERS AN T MONZILLO, RUBEN P 1000 PONCE DE LEON, SUITE CORAL GABLES FL 33134  | nt and title if applicable. (NO NO NO DIRECTORS DELETE   | TE: Registere 13. 1.17 1.21 1.35  | MAME STREET A  | AODRESS  |   |  |                                     |
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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:

6.4 CITY-ST-ZIP

Daytime Phone #

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90004 043 \*\*\*158.75