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 # **P97000071037**1. Corporation Name

SKIN CARE BY PAMELA, INC.

Principal Place	e of Business	Mailing Address			i desident må dent dent sent sent sent	111 00111 00111 16101 111		11, 104, 100,
2600 NORTH MILITARY TRAIL 2600 NORTH MILITARY TRAIL								
SUITE 230 SUITE 230					DO NOT WRITE IN THIS SPACE			
BOCA RATON FL 33431 BOCA RATON FL 33431						TE IN THIS SPAC	<u>, F</u>	
					3. Date Incorporated or Qualifed	-		
					08/15/1997			<u> </u>
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			ied For
21		26			65-0773916			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	T -	. 75 Ad	
22		27			3. 00		ee Requ	ııred
City & Stat	e	City & State			6. Election Campaign Financing		5.00 м	
23		28			Trust Fund Contribution		dded to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curr			_/
25 29 30			30		Personal Property Tax.	Y	es 🗜	No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New F	tegistered Agen	<u> </u>	
				81 Name	. *			
LERI	RO, VICTOR			82 Street Add	Iress (P.O. Box Number is Not Accepta	able)		
2600 N. MILITARY TRAIL				62 Street Add	iess (P.O. Box Nulliber is Not Accepte	ibie)	40.00	
BOC	A RATON FL 33431			83	1 * * * * * * * * * * * * * * * * * * *	(40 to 10 to	7	F-17: 13:5
					१७५३ विकित्यक क्रिके			11. 14. 17.3
				84 City		FI 85	Zip Co	de
		1007 (500 5) 111 01-11	- 46		possion submits this statement for the	ournose of chan	ning its re	egistered
office or r	registered agent, or both, in the Sta	ate of Florida. Such change was a	utnorized	by the corporati	poration submits this statement for the ion's board of directors. I hereby accept	of the appointmen	t as regi	stered
agent. I a	im familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statı	ites.	•			
SIGNATURE					9		·	
Old II Torke	Signature, typed or printed name of registered	-0		Agent signature require		DATE		0.01.40
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	PSTD	☐ DELETE	1.1 Til	le		ш	nange	☐ Addition
NAME	CICERO, PAMELA		1.2 NA	ME				
STREET ADDRESS	2600 NORTH MILITARY TRA	IL	1.3 ST	REET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CF	TY-ST-ZIP	·			
TITLE		☐ DELETE	2.1 TI	TLE			hange	Addition
NAME			1					_
	•		2.2 N/	ME				-
STREET ADDRESS								_
CITY-ST-ZIP	Į.		2.3 ST	REET ADDRESS				-
TITLE		∏npiete	2.3 S1 2. 4 C	REET ADDRESS			Change	Addition
NAME :	j.	☐ DELETE	2.3 ST 2. 4 C 3.1 TF	REET ADDRESS TY-ST-ZIP		. 0	hange	Addition
TANK.		☐ DELETE	2.3 ST 2. 4 C 3.1 TF 3.2 NA	REET ADDRESS ITY-ST-ZIP ILE IME			Change .	Addition
STREET ADDRESS		☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST	REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS			hange	Addition
· .		_	2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4. C	REET ADDRESS ITY-ST-ZIP FLE MME REET ADDRESS ITY-ST-ZIP				1
STREET ADDRESS		☐ DELETE	2.3 ST 2. 4 C 3.1 TI 3.2 NA 3.3 ST 3.4. C 4.1 TI	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP ILE			Change	Addition
STREET ADDRESS CITY-ST-ZIP		_	2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4. C	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP ILE				1
STREET ADDRESS CITY-ST-ZIP TITLE		_	2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4. C 4.1 TF 4.2 N	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP ILE				1
STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	2.3 ST 2. 4 C 3.1 TF 3.2 N/ 3.3 ST 3.4 C 4.1 TF 4. 2 N/ 4.3 ST	REET ADDRESS ITY-ST-ZIP ILE IMIE REET ADDRESS ITY-ST-ZIP ILE AME			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	2.3 ST 2. 4 C 3.1 TF 3.2 N/ 3.3 ST 3.4 C 4.1 TF 4. 2 N/ 4.3 ST	REET ADDRESS ITY-ST-ZIP ILE WIE REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP				1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4, C 4.1 TI 4.2 N 4.3 ST 4.4 CI	REET ADDRESS ITY-ST-ZIP FLE WHE REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP LE TY-ST-ZIP REET ADDRESS			Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	REET ADDRESS ITY-ST-ZIP FLE IMME REET ADDRESS ITY-ST-ZIP LE REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP LE REET ADDRESS ITY-ST-ZIP LE			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	REET ADDRESS ITY-ST-ZIP FLE MME REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP LE REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI	REET ADDRESS ITY-ST-ZIP FLE IMME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE INGEL ADDRESS ITY-ST-ZIP ILE ILE ITY-ST-ZIP ILE			Change Change	Addition

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 me receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

CNTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90015 008 ***150.00