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 # P9700083765

L-FAM SKIN INSTITUTE, INC.

Principal	Plac	ce of	Business
2139.2140	ME	122	STREET

Mailing Address

2138-2140 NE 123 STREET NORTH MIAMI FI 33181

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90110 027 ***150.00



NORTH MIAMI FL 33181		NORTH MIAMI FL 33181		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed				
					09/29/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0789854			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired			5. Addit <u>ion</u> al.	
22		27			5. Certificate of Status Desired		Fee	Required	
City & State	9	City & State			6. Election Campaign Financing	П	\$5.0	0 May Be	
23		28			Trust Fund Contribution	<u> </u>	Adde	d to Fees	
Zip	Country	Zip	_ Country	1	8. This corporation owes the curre	ent year inta			
24	25	29 3	10		Personal Property Tax.		☐Yes	No	
	9. Name and Address of Current	Registered Agent	0.4		10. Name and Address of New R	egistered /	\gent		
DIAN	IOELO ELODENCE		81	Name					
	NGELO, FLORENCE		82	Street Ac	dress (P.O. Box Number is Not Accepta	ble)			
	1-2140 N.E. 123 STREET								
NOH	TH MIAMI FL 33181		83						
			84	City			85 Zi	ip Code	
				<i></i>	orporation submits this statement for the	<u>FL</u>	<u></u> _		
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of Section 607.0505, Florid	norized by ia Statutes	tne corpora s.	ation's board of directors, I hereby accep	it trie appoin	tment as	registered	
	Olgitalyicy i) pod di pinitty i i i i i i i i i i i i i i i i i i			nt signature requ	uired when reinstating)	DATE	ם חופכר	TORS IN 12	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	-ICERS AN	Chang		
TITLE	President, Register Agent,	Director Defere	1.1 TITLE		**	•	☐ Chang	je 🖸 Addition	
NAME	Dangelo, Florence	oot	1.2 NAME						
STREET ADDRESS	2138-2140 N.E. 123 rd Str	eci		TADDRESS					
CITY-ST-ZIP	North Miami, Fl. 33181	C acutate	14 CITY-S	IT-ZIP			Chang	e Addition	
TITLE	Secretary, Director	☐ DELETE	2.1 TITLE				["] Culand	Je	
NAME	Annunziata, Marcia	ant.	2.2 NAME						
STREET ADDRESS	2138-2140 N.E. 123rd str	cei		TADDRESS	•			Ì	
CITY-ST-ZIP _	North Miami, Fl. 33181	DELETE	2.4 CITY-	ST:ZIP			Chang	e Addition	
TITLE	Director	["] DECEIE	3.1 TITLE				Criang	i Lagracon	
NAME	Ralph DAngelo		3.2 NAME			•			
STREET ADDRESS	6450 SW 127th Ave.	ì		T ADDRESS			•		
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33330	DELETE	3.4. CITY-1	si-ZIP			Chang	e Addition	
TITLE			4.1 HILE					,	
NAME				T ADDRESS					
STREET ADDRESS			i .						
CITY-ST-ZIP		□ DELETE	4.4 CITY-S 5.1 TITLE	51-2P			Chang	e Addition	
TITLE			5.2 NAME					_ ~ ~ ~ ~	
NAME				TADDRESS		4			
STREET ADDRESS			5.4 CITY-5						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				Chang	e Addition	
			6.2 NAME]				_	
NAME				TADORESS					
STREET ADDRESS			6.4 CITY-5						
CITY-ST-ZIP			0.7 011 17 0						

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE ON TYPED OR SAINTED NAME OF SIGNING OFFICER OR PRECTOR

305-891-2123

Daytime Phone #

2E034 (11/98)