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 # **P97000104838**1. Corporation Name

NEW SKIN ENTERPRISES, INC.

Mailing Address Principal Place of Business

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90101 017 ***158.75



5850 LAKEHURST DRIVE SUITE 270-3 ORLANDO FL 32819 US		5850 LAKEHURST DRIVE SUITE 270-3 ORLANDO FL 32819 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
					12/12/1997				1
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number			Appli	ed For
21		26			59-3482250			<u> </u>	pplicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	₩	•	75 Add e Requ	I
City & State	9	City & State			6. Election Campaign Financing	_	\$5.	00 ма	ev Be
23		28			Trust Fund Contribution			ded to F	
Zip	Country	Zip	Country	7	8. This corporation owes the curre			_	.
24	25	29 30	<u> </u>		Personal Property Tax.		Yes	<u> </u>	No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Ro	egistered A	gent		
RAM	OS, JOSE L		۱۵۱	Name					
5381 - B HOFFNER AVE.				Street Addre	ess (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32812		83						
			84	City	<u>,</u>	Fì	85	Zip Cod	ie
44.5	4- 4b) CO7 1500 Final- Charles	the show	e-named com	oration submits this statement for the		hangin	a its re	gistered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was auth	iorized by	the corporation	n's board of directors. I hereby accept	t the appoint	tment a	is regis	tered
SIGNATURE						DATE			`
	Signature, typed or printed name of registered agent OFFICERS ANI		gistered Age	nt signature required	ADDITIONS/CHANGES TO OFF		DIRE	CTOR	IN 12
TITLE	DP OFFICERS ANI	DELETE	1,1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cha		Addition
NAME	HACKRADT, TANIA	_	1.2 NAME						
STREET ADDRESS	6201 DARTMOOR COURT		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-5	ST-ZIP				· · ·	
TITLE	DV	☐ DELETE	2.1 TITLE				☐ Cha	nge	☐ Addition
NAME	TEIXEIRA, ELIANA H			I					
STREET ADORESS	6201 DARTMOOR COURT		2.2 NAME						ſ
CITY-ST-ZIP				TADDRESS					
	ORLANDO FL 32819		2.3 STREE 2.4 GITY-1				Cho	BOO	Addition
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CiTY-ST-ZIP 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:

SIGNATURE AND TYPED OR PR