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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000015049

1. Corporation Name

CELLULITE & LIPOSCULPTURE CENTER, INC.

Principal Place of Business

11880 S.W. 40TH STREET
SUITE NO. 304
MIAMI FL 33175

Mailing Address

11880 S.W. 40TH STREET
SUITE NO. 304
MIAMI FL 33175


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

65-0827822

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**
Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be**
Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip Country

28 **29** **30**

9. Name and Address of Current Registered Agent

ZALDIVAR, ROCCO JULIO
11880 S.W. 40TH STREET
SUITE NO. 304
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **ROCCO JULIO ZALDIVAR**
STREET ADDRESS **11880 S.W. 40TH STREET**
CITY-ST-ZIP **MIAMI, FLORIDA 33175**
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(305) 228-4441

Date

Daytime Phone

CR2E034 (11/8)