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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000016772**

1. Corporation Name
GABLES COSMETIC SURGERY INC.



Principal Place of Business
5625 N. BAYSHORE DR.
MIAMI FL 33147

Mailing Address
5625 N. BAYSHORE DR.
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **4836 SW 8th ST**
 Suite, Apt. #, etc.
 22

2a. Mailing Address
 26 **4836 SW 8th ST**
 Suite, Apt. #, etc.
 27

City & State
 23 **CORAL GABLES, FL**
 28 **CORAL GABLES, FL**

Zip Country
 24 **33134 USA**
 25 **USA**
 29 **33134**
 30 **USA**

3. Date Incorporated or Qualified
02/20/1998

4. FEI Number
65-083292

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

9. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D GOLDSMITH, MALCOLM G**
 STREET ADDRESS **5625 N. BAYSHORE DR.**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
PRESIDENT
 1.2 NAME **MALCOLM G. GOLDSMITH**
 1.3 STREET ADDRESS **4836 SW 8th ST**
 1.4 CITY-ST-ZIP **CORAL GABLES, FL, 33137**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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: _____ DATE: **2-8-99** DAYTIME PHONE #: **305 448 5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/1999 CR2E034 (11/98)