PROFIT ... CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000040627

1. Corporation Name

TOUCHEE BEAUTY SPA, INC.

Principal	Place of Busi	ness
44 FOE 110	MAN ONE	-

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90034 039 ***158.75



11585 US HWY ONE 11585 US HWY ONE NO PALM BEACH FL 33408 NO PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/04/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business -0 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. \\
\(\nu'\) 5. Certificate of Status Desired Fee Required 304 30° 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip This corporation owes the current year Intangiple Zip □No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 IRIZARRY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 11585 US HWY ONE NO PALM BEACH FL 33408 83 Zip Code 84 85 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 1.1 TITLE TITLE IRIZARRY, RICHARD 1.2 NAME NAME 11585 US HWY ONE 1.3 STREET ADDRESS STREET ADDRESS NO PALM BEACH FL 33408 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE **GUERRERO, SONIA** 2.2 NAME NAME 11585 US HWY ONE 2.3 STREET ADORESS STREET ADDRESS NO PALM BEACH FL 33408 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change 6.1 TITLE ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034.(11/98)