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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S51128 (4)

1. Corporation Name
FINGERS & FACES II, INC.



Principal Place of Business
850 IVES DAIRY ROAD-
SUITE T-80
NORTH MIAMI FL 33179
US

Mailing Address
850 IVES DAIRY ROAD
SUITE T-80
NORTH MIAMI FL 33179-2499
US

3. Date Incorporated or Qualified 05/06/1991
3a. Date of Last Report 08/20/1996

2. Principal Place of Business
21 21461 NW 2nd AVE.
Suite, Apt. #, etc.

2a. Mailing Address
26 21461 NW 2nd AVE.
Suite, Apt. #, etc.

4. FEI Number
~~65-0263381~~ 65-0629818
Applied For Not Applicable

22 City & State
23 Miami, FL

27 City & State
28 Miami, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33169 Country DADE
25
29 Zip 33169 Country DADE
30

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JOAN M
850 IVES DAIRY ROAD
SUITE T-80
NORTH MIAMI FL 33179

81 Name Smith, Joan M
82 Street Address (P.O. Box Number is Not Acceptable) 21461 NW 2nd AVE
83
84 City Miami FL 85 Zip Code 33169

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Joan M Smith* DATE 3/18/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LAINO, ROSE MARY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	850 IVES DAIRY RD T-80	1.2 NAME	
STREET ADDRESS	N. MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P SMITH, JOAN M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	850 IVES DAIRY RD T-80	2.2 NAME	
STREET ADDRESS	N. MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE: *Joan M Smith* DATE 3/18/97 (305) 653-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR