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Special Instructions to Filing Officer:  
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**PLEASE add**  
**"Label" to Part I**  
**2. (c). All must be**

**2927**

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700023376017

10/03/03--01091--002 \*\*87.50

**W03-29064**

**✓ corp but listed inv.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 17 AM 11:36

✓ ✓



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 8, 2003

COMMERCIAL ADVERTISING SYSTEMS INC.  
ATTN: ALFONSO R. PUPO  
10235 CORAL WAY, APT. 104  
MIAMI, FL 33165

SUBJECT: HONGOTRIM  
Ref. Number: W03000029064

We have received your document for HONGOTRIM and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

Please add "LABEL" to Part I 2.(c). Part III must be in english.

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 803A00055142



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 5, 2004

COMMERCIAL ADVERTISING SYSTEMS INC.  
ATTN: ALFONSO R. PUPO  
10215 SW 24TH ST., STE 104  
MIAMI, FL 33165

SUBJECT: HONGOTRIM  
Ref. Number: W03000029064

We have received your document for HONGOTRIM and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

Please add "LABEL" to Part I 2 (c). Part III must be in english.

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 904A00007743

Amended

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Commercial Advertising Systems, Inc  
10215 Coral Way apt #104  
Miami, Fl. 33165  
(305) 225-6277  
Daytime Telephone number

PART I

1. (a) Applicant's name: Commercial Advertising Systems, Inc

(b) Applicant's business address: 10215 Coral Way apt # 104  
Miami Fl. 33165

(c) Applicant's telephone number: (305) 225-6277

- Individual
- Corporation
- Joint Venture
- Other:
- General Partnership
- Limited Partnership
- Union

If other than an individual,

(1) Florida registration number: P93000061356 (2) Domicile State: Florida

(3) Federal Employer Identification Number:

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

Anti Fungal Treatment

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Television and Telemarketing labels

d) The class(es) in which goods or services fall:

Pharmaceutical - 5

**PART II**

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 7/01/2003 (b) Date first used in Florida: 7/01/2003

**PART III**

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Hongotaim

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " \_\_\_\_\_ " APART FROM THE MARK AS SHOWN.

I, \_\_\_\_\_, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Alfonso R. Pupo

Typed or printed name of applicant

[Signature]

Applicant's signature or authorized person's signature

(List name and title)

AM 11:36

OFFICE OF STATE REGISTRATION

STATE OF Florida

COUNTY OF Miami-Dade

On this 13 day of FEBRUARY 2004, Alfonso R. Pupo personally appeared before me,

who is personally known to me  whose identity I proved on the basis of FL DRIVERS LICENSE

(Seal)

[Signature]

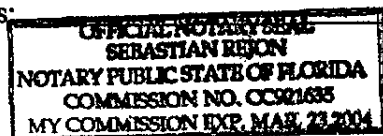
Notary Public Signature

SEBASTIAN REJON

Notary's Printed Name

My Commission Expires:

FEE: \$87.50 per class



**ELIMINA**  
La picazon, mal olor, piel agrietada, despieceamiento en los pies y previene la reinfección

**INDICACIONES**  
Lave la piel afectada con jabón, rocíe el área con anti-fungal spray y deje secar. Repita dos o tres veces al día, continúe el tratamiento por 4 semanas o hasta que las molestias desaparezcan

**PRECAUCION**  
En caso de irritación descontinúe el tratamiento y consulte a su médico

**CONSEJOS**  
Seque sus pies y entre los dedos permanentemente. Use medias blancas y de algodón

**NO SE DEJE AL ALCANCE DE LOS NIÑOS**



**ANTI-FUNGAL  
SPRAY**

Relieves  
ITCHING BURNING  
BAD ODORS  
CRACKS & SPLITS

4 FL OZ

**HELPS TO PREVENT**  
Itching, burning, foot odor, cracks in the skin, re-infection

**DIRECTIONS**  
Wash infected area with soap twice daily, spray affected area with spray and let dry. Continue treatment until symptoms disappear

**WARNING**  
In case of persistent condition or irritation, suspend treatment and consult your doctor

**ADVICES**  
Always remember to thoroughly dry in between your toes. Only use white cotton socks

**KEEP OUT OF CHILDREN,  
EXTERNAL USE**

**ACTIVE INGREDIENTS**  
Undecylenic acid 10%, Salicylic Acid, Phenyl Salicylate, Boric Acid, Sodium Bicarbonate, Alcohol 50%, Camphor Menthol

**Warnings:**

**FOR EXTERNAL USE ONLY**  
Avoid contact with eyes, if contact occurs, rinse eyes thoroughly with water. If condition worsens or does not improve Consult your Doctor

**INGREDIENTS:**

Purified water, Mineral Oil, Propylenglycol, Glycerine, White Petroleum, Stearic Acid, Cetyl Alcohol, Disodium EDTA, Peg 30, Camphor, Menthol, Behentrimonium, Emulsifying Wax, Methosulfate, D&C Green #1, Fragrance free.

**Active Ingredients:** Undecylenic acid 10%



**ANTI-FUNGAL  
CREAM**

2 Oz

**ANTI-FUNGAL**

This cream blend of natural oils specially formulated to give the best and easy provides and Anti-fungal action combined with moisturizer and toner your body needs

**DIRECTIONS:**  
Apply to nail and skin. Rub in gently. Do not use on broken skin or around eyes. If irritation occurs discontinue use until it subsides. In case of contact with eyes, flush with water. For best results, use daily. Do not use if you are pregnant or nursing. Do not use if you are allergic to any of the ingredients listed on the label.



**ANTI-FUNGAL  
NAILS**  
Control Nail Fungus  
PAIN AWAY ODORLESS  
FAST ACTING

Nt. Wt. 1/2 Fl

**ACTIVE INGREDIENTS**

Salicylic acid, Benzoic Acid, Undecylenic Acid, Hexoptyl Alcohol, Trimethylol, Phosphor, Menthol

**KEEP OUT OF REACH OF CHILDREN  
EXTERNAL USE ONLY**