IFILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90119 025 ***150.00

DOCUMENT # F00070 1. Corporation Name

EAST COAST COSMETICS, CO.

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			the state of	
Principal Place	of Business	Mailing Address			I (40)100 I(t) 40:11 50(t) 60(t) 60(t) 61(t)
6858 N.W. 75 STREET 6858 N.W. 75 STREET MEDLEY FL 33166 MEDLEY FL 33166					
					DO NOT WOITE IN THE COACE
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					10/02/1980
2. Principal Pl 21 6065	ace of Business N.W. 167 Street	26	57 S	treet	J9 2023001
		Suite, Apt. #, etc. 27 B – 1 6			5. Certificate of Status Desired See Required Fee Required
City & State City & State		L *			6. Election Campaign Financing \$5.00 May Be
23 Miami, FL. 28 Mia					Trust Fund Contribution Added to Fees
Zip 24 3301	Country 5	Zip 29 33015 30	Country	<i>'</i>	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
	ERREZ, RAFAEL A		82	Street Addr	Idress (P.O. Box Number is Not Acceptable)
	SW 62 TERR				
MIAN	AI FL 33143		83		•
			84	City	85 Zip Code
				1	FL s 2 p s s s s s
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was author	rized by	the corporation	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent			nt signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OUTHERDOCK BACACI A			ł	
NAME	GUTIERREZ, RAFAEL A 6858 NW 75 ST		1.2 NAME	T + D D D D D D D	
STREET ADDRESS				TADORESS	
CITY-ST-ZIP	MEDLEY FL 33166		1.4 CITY-5 2.1 TITLE	ST-ZIP	☐ Change ☐ Addition
TITLE		_	2.2 NAME		
NAME				TADDDECC	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			2 4 GITY- 3 1 TITLE	51-ZIP	☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS			3.4. CITY-	1	
CITY-ST-ZIP TITLE			4.1 TITLE	31-21	☐ Change ☐ Addition
NAME			4. 2 NAME	1	
				T ADDRESS	
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-5		
TITLE			5.1 TITLE	71.21	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP		Į.	5.4 CITY-5	ST-ZIP	
TITLE	-	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Λ		6.2 NAME		
STREET ADDRESS	 		6.3 STREE	T ADDRESS	
CITY-ST-ZIP		$\mathcal N$	6.4 CITY-1	ST-ZIP	
	portific that the information dunation with	this filing does not qualify for the	evemn	tion stated in	n Section 119 07(3)(i). Florida Statutes, I further certify that the information

I hereby certify that the information(supplied with indicated on this annual report or supplemental a officer or director of the corporation or the receiv Block 12 or Block 13 if changed, or on an attached this lifting does not qualify for the exemption saled in Section 113.7(5)(f), relocal statutes. Intitlet cellify that the months in high report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an intitlet empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered.

SIGNATURE: