PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

Kathorine Harris

Secr∉tary of State DIVISION OF CORPORATIONS

DOCUMENT # F80244

1. Corporation Name

ESSENCE UNLIMITED, INC.

Principal Place of Business	Mailing Address
1355 NW 97TH AVENUE	1355 NW 97TH AVENUE
MIAMI FL 33172	MIAMI FL 33172

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

04-26-1999 90189 006 ***150.00



		1355 NW 97TH AVENUE MIAMI FL 33172									
						3. Date Incorporated or Qualife		IS SPAC	<u> </u>		
						05/07/1982					
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		-	 -	lied For	
21		26				59-2207227	 _		 -	Applicable	
Suite, # pt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		• -	ee Rec	dditional guired	
City & State)	City & State	-		<u>-</u> •	6. Election Campaign Financin Trust Fund Contribution	g		.00 to	May Be Fees	
Zip	Country 25	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. Yes					
9 Name and Address of Curren: Registered Agent				_		10. Name and Address of New	Register	d Agent			
	<u> </u>	<u></u>	8	31	Name						
GOLDEMBERG, IGNACIO 1355 NW 97TH AVENUE			8	32	Street Addr	ress (P.O. Bo): Number is Not Acce	ptable)				
}	N FL 33172		<u> </u>	33			- 				
,			L					- last			
				34	City		F		Zip C		
11. Pursuant to the provisions of Sections 607.0507 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.											
SIGNATUFE	Signature, typed or printed name of registered agei	and title if applicable (NOT =:	Registered A	gent	signature reguire	d when reinstating)	DATE				
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO C	OFFICERS .	AND DIR	ECTO	S IN 12	
TITLE	CCEO	☐ DELETE	1.1 TITLE					Ct		Addition	
NAME	GOLDEMBERG, JAIME		1.2 NAME								
STREET ADDRESS	1355 NW 97TH AVENUE		1.3 STRE		ADDRESS					1	
CITY-ST-ZIP	MIAMI FL 33172		14 CITY-		-ZIP						
TITLE	VPD	☐ DELETE	2.1 TITLE					□ CH	ange	Addition	
NAME	GOLDEMBERG, ESTHER		2 2 NAME								
STREET ADDRESS	1355 NW 97TH AVENUE		2.3 STREE		ADDRESS					(
CITY-ST-ZIP	MIAMÍ FL 33172		2. 4 CITY-		r-ZIP						
TITLE	PS	DELETE	31 TITLE		į			☐ Ct	ange	☐ Addition	
NAME	GOLDEMBERG, IGNACIO		3.2 NAM	3.2 NAME							
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NAME			4 2 NAA	Æ	ì					ì	
STREET ADDRESS				4 3 STREET ADDRESS							
CITY-ST-ZIP			44 CITY		-ZIP					Addition	
TITLE				5.1 TITLE				☐ Ch	ange	Addition	
NAME			52 NAM		+555555					1	
STREET ADDRESS			1	5.3 STREET ADDRESS							
CITY-ST-ZIP		_ 	5 4 CITY		-ZIP			F 7 64		Addition	
TITLE		☐ DELETE	6.1 TITL					[]] Cr	ange	☐ vagagou	
NAME			6.2 NAM							{	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			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 cc rtify that the information indicated on this annual report or supplemental a mual 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 of the deceiver 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 a littachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)