

F98000001711

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: FACES UNLIMITED

(Name of corporation - must include suffix)

Dear Sir or Madam:

000002467530--8

-03/25/98--01009--002

*****70.00 *****70.00

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SHARBRA HIGGINS

(Name of Person)

FACES UNLIMITED

(Firm/Company)

P.O. BOX 4761

(Address)

MILTON, FL 32570-4761

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

SHARBRA HIGGINS

(Name of Person)

at (850) 983 4900

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. FACES UNLIMITED CORPORATION
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEVADA 3. 88-0386535
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 12, 1998 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. YET TO BE DETERMINED
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5705 LEE STREET WEST
MILTON, FL 32570
(Current mailing address)
8. SKIN CARE SALES AND SERVICE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: MIGUEL SARIA
- Office Address: 5262 STEWART STREET
MILTON, FL, Florida, 32570
(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Miguel Saria
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SHARBRA HIGGINS

Address: 5705 LEE STREET WEST MILTON, FL 32570

Vice Chairman: SHARBRA HIGGINS

Address: SAME AS ABOVE

Director: SHARBRA HIGGINS

Address: SAME AS ABOVE

Director: SHARBRA HIGGINS

Address: SAME AS ABOVE

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SHARBRA HIGGINS

Address: 5705 LEE STREET WEST MILTON, FL 32570

Vice President: SHARBRA HIGGINS

Address: SAME AS ABOVE

Secretary: SHARBRA HIGGINS

Address: SAME AS ABOVE

Treasurer: SHARBRA HIGGINS

Address: SAME AS ABOVE

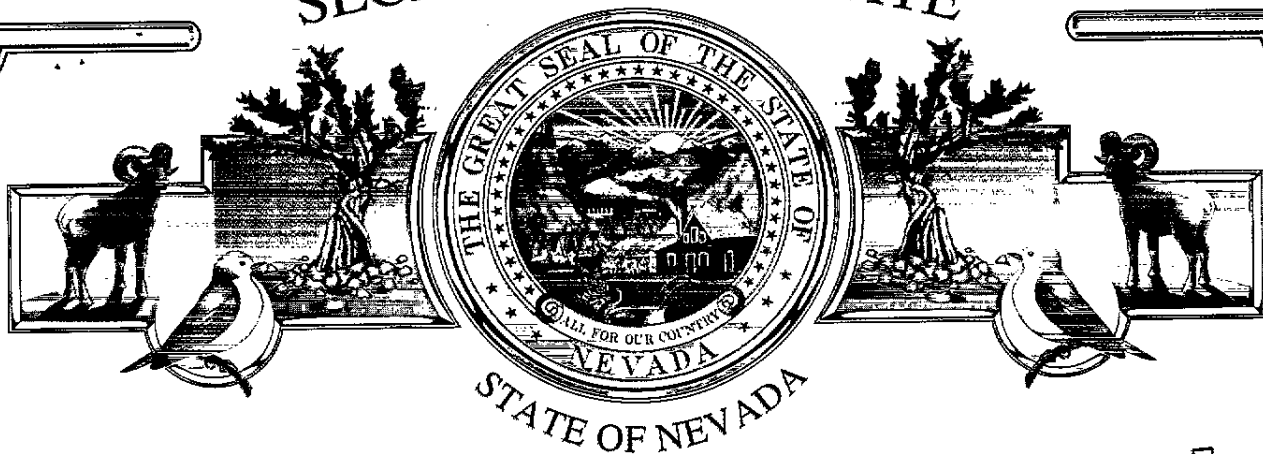
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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Sharbba Higgins
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SHARBRA HIGGINS, PRESIDENT
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FACES UNLIMITED** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 12, 1998, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on March 10, 1998.



Dean Heller
Secretary of State

By

Angela Lubowick
Certification Clerk