

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G90769** (2)  
1. Corporation Name  
**HOUSE OF BEADS, INC**



Principal Place of Business <b>825 LINCOLN RD MALL MIAMI BEACH FL 33139</b>	Mailing Address <b>940 LINCOLN RD MALL SUITE 204 MIAMI BEACH FL 33139-2610</b>
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3. Date Incorporated or Qualified <b>02/09/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2387802</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	
<b>GALINDO, PASTOR 940 LINCOLN ROAD MALL #204 MIAMI BEACH FL 33139</b>	

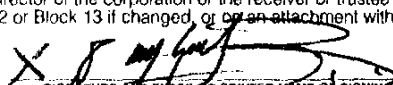
10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	<b>FL</b>

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALINDO, PASTOR</b>	1.2 NAME	
STREET ADDRESS	<b>825 LINCOLN RD MALL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BCH. FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALINDO, RUBY A</b>	2.2 NAME	
STREET ADDRESS	<b>825 LINCOLN RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALINDO, GLORIA</b>	3.2 NAME	
STREET ADDRESS	<b>940 LINCOLN RD MALL SUITE 204</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALINDO, VANESSA</b>	4.2 NAME	
STREET ADDRESS	<b>940 LINCOLN RD MALL SUITE 204</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PACHON, NANCY</b>	5.2 NAME	
STREET ADDRESS	<b>940 LINCOLN RD MALL SUITE 204</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	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:  DATE: **4/21/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #  
**0190648**

CR2E034 (9/96)