## FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H59337 (6)**ANOTHER BEAUTIFUL CORPORATION** Principal Place of Business Mailing Address 20003 BISCAYNE BLVD 10491 N. KENDALL DR. MIAMI FL 33176 DO NOT WRITE IN THIS SPACE AVENDURA FL 33180 3. Date Incorporated or Qualified 05/29/1985 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2541564 Not Applicable 21 Suite Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country ZiD Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BENTLEY, HARRISON ARRISON BENPLE 3160 INVERNESS FT. LAUDERDALE FL 33332 83 Zip Code med corporation submits this statement for the purpose of changing its registered opporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-ne office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am labelies with, and accept the obligations of Section 607.0505, Florida Statutes. IN BONTER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE 1.2 NAME BENTLEY, LAURA NAME 10491 N KENDALL DR 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME BENTLEY, HARRISON 22 NAME 10491 N KENDALL DR STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME . 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME

**6.3 STREET ADDRESS** 

325 2790101

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 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 of 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 man attachment with an address.

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIF