## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

## FILED Jan 16 1998 8:00am Secretary of State

1. Corporatio	MENT # K94323 HEALTH & BEAUTY, INC.	(8)				2			
Principal Plac	ce of Business	Mailing Address					avsii bilivi bil	II BABA IBDI	
11281 INTER	CHANGE CIRCLE SOUTH	11281 INTERCHANGE CE MIRAMAR FL 33025	RCLE SOUT	ዝ					
US	· OVE	US			DO NOT WRIT	E IN THIS	SPACE		
					3. Date Incorporated or Qualified				Ī
2 Principal E	Place of Business	Co Mailing Address			06/08/1989 4. FEI Number		- , ,		
	Angrowood Cincle	2a. Mailing Address	9012	. p	4. FET Number 65-0128172		<del></del>	pplied For ot Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- ( 0	_•				Additional	4
22	A300	27			5. Certificate of Status Desired			equired	
	City & State				6. Election Campaign Financing \$5.00 May Be				1
23 <b>DOS</b> 1	Country	28 <b>MANIË</b>	Coun	tm/	Trust Fund Contribution			to Fees	4
24 333	3 > 8   25   COUNTY	29 233329	30	a y	This corporation owes or has p     Personal Property Tax due Jun			tangible No	
24) 20	9. Name and Address of Current F		1301		10. Name and Address of New R			110	1
CA	RLISLE, DAVID R. P.A.		1	Name					1
ONE BRICKELL SWAURE, 24TH FLOOR				32 Street Add	dress (P.O. Box Number is Not Accepta	hlol		<del></del>	4
801 BRICKELL AVENUE			,	, Sileet Aut	dress (r.o. box Number is Not Accepta	DIE)			
MA	AMI FL 33131		[4	33					
				84 City 85			85 Zip	Code	1
				-    ' <b>  F _</b>   ' ' ' ' '					
11. Pursuant office or r	to the provisions of Sections 607.0502 a registered agent, or both, in the State of im familiar with, and accept the obligation	ınd 607.1508, Florida Statut Florida, Such change was :	es, the abo authorized	ove-named cor by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of pt the app	changing it ointment as	ts registered registered	
	im familiar with, and accept the obligation	ons of, Section 607.0505, Fi	orida Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOT	E. Registered	Agent signature requ	ured when reinstating)	DATE			
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	]6
TITLE	D	☐ DELETE	1.1 TITL	E [			Change	Addition	문
NAME	MONTALAND, YVES		1.2 NAM	IE .					8
STREET ADDRESS	11281 INTERCHANGE CR S			ET ADDRESS					CR2E034 (10/97)
CITY - ST - ZIP			_	-ST-ZIP			0	1 desiren	镁
NAME	MONTLAND, GILLES				7		Change	Addition	
STREET ADDRESS	11281 INTERCHANGE CR SOUT	<b>'</b>	2.2 NAM						İ
CITY-ST-ZIP	MIRAMAR FL	••		ET ADDRESS					
TITLE	2.70		3.1 TITL	/-ST-ZIP			Change	Addition	ł
NAME			3.2 NAM	4					
STREET ADDRESS			1	ET ADDRESS					
CITY - ST - ZIP			1	'-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL				Change	Addition	1
NAME			4. 2 NAN	1E		1	-		
STREET ADDRESS			4.3 STR	ET ADDRESS		•			
CITY-ST-ZIP			4.4 CITY	-ST-ŽIP					]
TITLE		DELETE	5.1 TITLE				Change	Addition	Ì
NAME			5.2 NAM	E					
STREET ADDRESS			5 3 STRE	ET ADDRESS					Į
CITY-ST-ZIP			5.4 C/TY						
TITLE		i Delete	6.1 TITLE	: 1				Addition	1

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 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

IGNATURE A WOULE D

01. 09 98 10

(956) 423 21.50