FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 9:37

DOCUMENT # **L55967** **(8)**

1. Corporation Name
AMNERI BEAUTE, INC.

Principal Place of Business	Mailing Address
% GEOFFREY RANDALL 1500 201 S. BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131	% GEOFFREY RANDALL 1500 201 S. BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1990	3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0187290	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 201 S. Biscayne Blvd	26 201 S. Biscayne Blvd.
Suite, Apt. #, etc. 22 1500 Miami Center	Suite, Apt. #, etc. 27 1500 Miami Center
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD
1500 1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

31 Name: Corporation Company of Miami
32 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.
33 1500 Miami Center
34 City: Miami FL 35 Zip Code: 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PST	☒ Change ☐ Addition
NAME	AZUCENA, ANA GLORIA	12 NAME	SANDRA SOL	
STREET ADDRESS	EDIFICIO NOLGER NO.3,390	13 STREET ADDRESS	936 NW 44 AVE APT 4	
CITY-ST-ZIP	SAN SALVADOR,	14 CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	AZUCENA, ANA GLORIA	22 NAME	SANDRA SOL	
STREET ADDRESS	AVENIDA LA CAPILLA COLON	23 STREET ADDRESS	936 NW 44 AVE APT 4	
CITY-ST-ZIP	EL SALVADOR	24 CITY-ST-ZIP	MIAMI FL 33126	
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	RANDALL, GEOFFREY	32 NAME		
STREET ADDRESS	1500 MIAMI CTR., 201 S. BISCAYNE BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: SANDRA SOL 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0126700 CP