


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

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May 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>L55967</i> 1. Corporation Name <b>AMNERI BEAUTE INC.</b>			
Principal Place of Business <b>201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL. 33131</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>03/05/90</b>		3a. Date of Last Report	
4. FEI Number <b>65-0187290</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>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL. 33131</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PST</b> <input type="checkbox"/> DELETE	NAME: <b>SOL SANDRA</b>	1.1 TITLE: <b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Sol, Sandra</b>
STREET ADDRESS: <b>P.O. BOX 526250</b>	CITY-ST-ZIP: <b>MIAMI, FL. 33152</b>	1.2 NAME: <b>Sol, Sandra</b>	1.3 STREET ADDRESS: <b>Avenida La Capilla, Edificio Noger 3-90</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>SOL, SANDRA</b>	1.4 CITY-ST-ZIP: <b>Colonía San Benito, San Salvador,</b>	2.1 TITLE: <b>El Salvador</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>P.O. BOX 526250</b>	CITY-ST-ZIP: <b>MIAMI FL. 33152</b>	2.2 NAME: <b>D: Sol, Sandra</b>	2.3 STREET ADDRESS: <b>Avenida La Capilla, Edificio Noger 3-90</b>
TITLE: <b>AS</b> <input type="checkbox"/> DELETE	NAME: <b>RANDALL GEOFFREY</b>	2.4 CITY-ST-ZIP: <b>Colonía San Benito, San Salvador,</b>	3.1 TITLE: <b>El Salvador</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>1500 MIAMI CENTER 201, S. BISCAYNE BLVD</b>	CITY-ST-ZIP: <b>MIAMI, FL.</b> <input type="checkbox"/> DELETE	3.2 NAME: <b></b>	3.3 STREET ADDRESS: <b></b>
TITLE: <b></b> <input type="checkbox"/> DELETE	NAME: <b></b>	4.1 TITLE: <b></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <b></b>
STREET ADDRESS: <b></b>	CITY-ST-ZIP: <b></b>	4.3 STREET ADDRESS: <b></b>	4.4 CITY-ST-ZIP: <b></b>
TITLE: <b></b> <input type="checkbox"/> DELETE	NAME: <b></b>	5.1 TITLE: <b></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <b></b>
STREET ADDRESS: <b></b>	CITY-ST-ZIP: <b></b>	5.3 STREET ADDRESS: <b></b>	5.4 CITY-ST-ZIP: <b></b>
TITLE: <b></b> <input type="checkbox"/> DELETE	NAME: <b></b>	6.1 TITLE: <b></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <b></b>
STREET ADDRESS: <b></b>	CITY-ST-ZIP: <b></b>	6.3 STREET ADDRESS: <b></b>	6.4 CITY-ST-ZIP: <b></b>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SANDRA SOL*

Date

*4/29/97*

Daytime Phone #

CR2E034 (9/96)