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

APPROVED AND FILED
95 APR 10 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94826** **(9)**

1. Corporation Name
BABY BELLES & BEAUS, INC.

Principal Place of Business	Mailing Address
~~11110 SPRINGFIELD PLACE~~ ~~COOPER CITY FL 33026~~	~~11110 SPRINGFIELD PLACE~~ ~~COOPER CITY FL 33026~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1990
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 10020 Sheridan ST	26 10020 Sheridan ST
Suite, Apt. #, etc. 22 APT 208	Suite, Apt. #, etc. 27 APT 208
City & State 23 Pembroke Pines FL	City & State 28 Pembroke Pines FL
Zip 24 33024 Country 25 U.S.A.	Zip 29 33024 Country 30 U.S.A.

4. FEI Number: 65-0219778 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BODZIN, MARTIN I. **BODZIN & BODZIN** **11900 BISCAYNE BLVD., S-808** **N MIAMI FL 33181**	81 Name: MARTIN BODZIN 82 Street Address (P.O. Box Number is Not Acceptable): 621 NW 53rd ST 83: suite 240 84 City: Boca Raton FL 85 Zip Code: 33487

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	PSDV	1.1 TITLE	PSDV	☑ Change ☐ Addition
NAME	MILLETT, LEE	1.2 NAME	MILLETT, LEE	
STREET ADDRESS	11110 SPRINGFIELD PLACE	1.3 STREET ADDRESS	10020 SHERIDAN ST # 208	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VTD	2.1 TITLE	VTD	☑ Change ☐ Addition
NAME	MILLETT, LEE	2.2 NAME	MILLETT, LEE	
STREET ADDRESS	11110 SPRINGFIELD PLACE	2.3 STREET ADDRESS	10020 SHERIDAN ST #208	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: LEE MILLETT 4/3/95 (305) 435-6658
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000657 CP