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ACCOUNT NO. : 072100000032

REFERENCE: 174246

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: July 18, 2003

ORDER TIME : 9:52 AM

ORDER NO. : 174246-015

CUSTOMER NO: 4730365

CUSTOMER: Randall J. Perry, Esq

Randall J. Perry, Esq

44 Union Avenue P.o. Box 108

Rutherford, NJ 07070

CHANGE OF AGENT

NAME: BEAUTY BUYS.COM INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle -- EXT# 1128

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisi	•	•	•	•	·
this statement of change	•				•
_Floridai	n order to change its	s registered off	ice or regi	stered agen	it, or both, in the State
of Florida.					
1. The name of the corp					
2. The principal office a	ddress: 7601 NW 6	58th Street,	No. 128	- Miami,	FL 33166
3. The mailing address ((if different):				THE STATE OF THE S
4. Date of incorporation				ent number	r: P02000089721 2
5. The name and street a Florida Department o		t registered age	nt and regi	stered office	e on file with the
Jose (Ohen				_
7601 N	W 68th Street				·
Miami,	FL 33166				
6. The name and street changed):	address of the new		ent (if chan	ged) and /o	or registered office (if
1201 Ha	ys Street (P.O. Box or p	ersonal mailbox NO	racceptable)	<u>. </u>	
Tallaha	ssee, FL 32301		<u> </u>		
The street address of its agent, as changed will be	registered office and e identical.	d the street add	iress of the	business o	office of its registered
Such change was authorauthorized by the board					
(Signature of an officer, chairman of	or vice chairman of the board)	m	Printed or	typed name and	Tutle)
I hereby accept the app I further agree to comp performance of my duti registered agent. Or, if office address, I hereby	ly with the provision es and I am familia	s of all statute. r with and acci	s relative to ent the obli	o the prope	r and complete w position as
Africa (Signature of I	Registered Agent)	<u> </u>	7-1	(Date)	
If signing on behalf of an en	ity:				
Sylvia Queppet		Assis	stant Vice	President	
(Typed or Pris	ited Name)			(Capacity)	·

* * * FILING FEE: \$35.00 * * *