

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000016225 (3)
1. Corporation Name

BEAUTE MARKETING SERVICES, INC.



Principal Place of Business

Mailing Address

**905 SOUTH BAYSHORE DRIVE
SUITE 1930
MIAMI FL 33131**

**905 SOUTH BAYSHORE DRIVE
SUITE 1930
MIAMI FL 33131**

3. Date Incorporated or Qualified **03/03/1993** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. BEAUTE MARKETING SERVICES 444 Brickell Avenue, Suite 705 Miami, Florida 33131	2a. Mailing Address 26 Suite, Apt. #, etc. BEAUTE MARKETING SERVICES 444 Brickell Avenue, Suite 705 Miami, Florida 33131	4. FEI Number 65-0399854	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
22 Zip 33131	23 Country FL	24 Zip 33131	25 Country FL	26 Country FL
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGNER, MARC
905 SOUTH BAYSHORE DRIVE
SUITE 1930
MIAMI FL 33131

81 Name **MARC WAGNER**
82 Street Address (P.O. Box Number is Not Acceptable) **210 SOLANO PRADO**
83 **C**
84 City **CORAL GABLES FL** 85 Zip Code **33156**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
NAME	WAGNER, MARC	1.2 NAME	MARC WAGNER
STREET ADDRESS	905 SOUTH BAYSHORE DR., SUITE 1930	1.3 STREET ADDRESS	210 SOLANO PRADO
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	S	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
NAME	ESH, NANCY J	2.2 NAME	JANET SANDOVAL
STREET ADDRESS	75 EAST 55TH STREET	2.3 STREET ADDRESS	75 EAST 55TH STREET
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	NEW YORK NY 10022
TITLE	AS	3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
NAME	JUN, JEAN MICHAEL	3.2 NAME	PAUL WAGNER
STREET ADDRESS	905 SOUTH BAYSHORE DR., SUITE 1930	3.3 STREET ADDRESS	905 SOUTH BAYSHORE DRIVE 1930
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 7 1996
205 358 2083

CR2E034 (3/96)