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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90118 034 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000016225**

1. Corporation Name

**BEAUTE MARKETING SERVICES, INC.**



Principal Place of Business <b>BEAUTE MARKETING SERVICES</b> <b>444 BRICKELL AVENUE SUITE 705</b> <b>MIAMI FL 33131</b> <b>US</b>	Mailing Address <b>BEAUTE MARKETING SERVICES</b> <b>444 BRICKELL AVENUE SUITE 705</b> <b>MIAMI FL 33131</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>905 BRICKELL BAY DRIVE</b> Suite, Apt. #, etc. 22 <b>SUITE 1930</b> City & State 23 <b>MIAMI FL</b> Zip Country 24 <b>33131</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>905 BRICKELL BAY DRIVE</b> Suite, Apt. #, etc. 27 <b>SUITE 1930</b> City & State 28 <b>MIAMI FL</b> Zip Country 29 <b>33131</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>03/03/1993</b>	4. FEI Number <b>65-0399854</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**WAGNER, MARC**  
**210 SOLANO PRADO**  
**SUITE 1930**  
**CORAL GABLES FL 33156**

10. Name and Address of New Registered Agent  
81 Name **WAGNER MARC**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**210 SOLANO PRADO**  
83  
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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>WAGNER, MARC</b>
STREET ADDRESS	<b>210 SOLANO PRADO</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>SANDOVAL, JANET</b>
STREET ADDRESS	<b>75 EAST 55TH STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>WAGNER, PAUL</b>
STREET ADDRESS	<b>905 SOUTH BAYSHORE DR 1930</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 6, 1999* 305.358.2083