

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

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**Jun 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000082071 (0)**  
1. Corporation Name  
**EGYPTIAN'S SECRET INCORPORATED**



Principal Place of Business: 11950 SW 82ND TERRACE, MIAMI FL 33173, US  
Mailing Address: 11350 SW 82ND TERRACE, MIAMI FL 33156-4303, US

3. Date Incorporated or Qualified: 12/01/1993  
3a. Date of Last Report: 09/24/1996  
4. FEI Number: -APPLIED FOR 65-0698337  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SANTAMARIA, ISABEL, 11530 SW 82ND TERR. MIAMI FL 33173

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>PSTD SANTAMARIA, ISABEL</b>		<b>Santamaria, Isabel</b>
STREET ADDRESS	<b>4532 S.W. 136TH PLACE</b>	1.3 STREET ADDRESS	<b>11530 SW 82nd Terr.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33173</b>
TITLE	NAME	2.1 TITLE	2.2 NAME
			<b>S</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Carmen D. Rivera</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>11530 SW 82nd Terr. Miami, FL 33173</b>
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	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 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 special 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 in an attachment with an address.

SIGNATURE: *[Signature]* 4/25/97 1071302570-1700

CFR2034 (9/96)