

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082188 (0)

1. Corporation Name
SWEET FACES, CORP.



Principal Place of Business 8971 SW 142 AVENUE BLDG. 11 APARTMENT #111 MIAMI FL 33186	Mailing Address 8971 SW 142 AVENUE BLDG. 11 APARTMENT #111 MIAMI FL 33186-7859
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3. Date Incorporated or Qualified 10/26/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 8850 SW 123 ct Suite, Apt. #, etc. 22 BLD H Apt 409 City & State 23 Miami, Florida Zip 24 33186	2a. Mailing Address 25 8850 SW 123 ct Suite, Apt. #, etc. 26 BLD H Apt # 409 City & State 27 Miami, Florida Zip 28 33186
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4. FEI Number 65-0620313	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ARNAIZ, GISELLE
8971 SW 142 AVENUE BLDG. 11
APARTMENT #111
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name Arnaiz, Gisselle
82 Street Address (P.O. Box Number is Not Acceptable) 8850 SW 123 ct
83 BLD H Apt # 409
84 City Miami
85 Zip Code FL 33186

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	SALAMANCA, MONICA	
STREET ADDRESS	8971 SW 142 AVENUE BLDG. 11 APT. 111	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARNAIZ, GISELLE	
STREET ADDRESS	8971 SW 142 AVENUE BLDG. 11 APT. 111	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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 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: Gisselle Arnaiz 04-24-97 (305) 595-9790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)