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

Mailing Address 601 BRICKELL KEY DR

MIAMI FL 33131

SUITE 805

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

MIAMI FL 33190

9350 SOUTHWEST 83RD COURT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90010 013 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

DOCUMENT # P96000046464	
JAFRA, CORP.	

					_		Ł	05/31/1996			
2. Principal Pl	al Place of Business 2a. Mailing Address					4. FEI Number			Applied For		
21	·	26			_			65-0739182			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired [d \$8.75 Additional Fee Required				
City & State		 -	City & State					6. Election Campaign Financing		\$5.0	0 May Be
23		28	, ,				1	Trust Fund Contribution	J	•	d to Fees
Zip	Country	1-01	Zip	Cou	intry			8. This corporation owes the current	vear Inta	ngible	
	25	29	· -	10	·		- {	Personal Property Tax.		∐Yes	□No
24	9. Name and Address of Current I		_		Γ^{-}			10. Name and Address of New Reg	istered A	gent	
81 Name											
ALLEN & GALEGO											
	BRICKELL KEY				82	Street A	Address (P.O. Box Number is Not Acceptable)				
	E 805				83	<u> </u>					
					03						
MAIN	M FL 33131				84	City			FL	85 Zi	Code
44 Pureuant	to the provisions of Sections 607 0502	and I	507 1508 Florida Statutes	s, the a	ibovi	e-named o	corpora	tion submits this statement for the pu	rpose of c	hanging	its registered
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 a	nd title	if applicable. (NOTE: F	tegistered	Ager	nt signature re	quired wh	en reinstating)	DATE		
12.	OFFICERS AND	DIR	ECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD		☐ DELETE	1.1 T	ITLE	}				☐ Chang	e 🗌 Addition
NAME	BRANDT, FRANTZ			12 N	AME	Į					
STREET ADDRESS	601 BRICKELL KEY DR.#805			1.3 S	TREE	T ADDRESS					ĺ
	MIAMI FL 33131			140	iTY-S	T. Zip					
CITY-ST-ZIP	SS SS		DELETE	211						Chang	e 🔲 Addition
					AME					-	
NAME	ALLEN, HODERT WOR				- 4000500					(
STREET ADDRESS	601 BRICKELL KEY DR,#805			•		T ADDRESS					1
CITY-ST-ZIP	MIAMI FL 33131		ST DELETE			ST-ZIP	110	T D		Chang	e
TITLE	STD		DELETE	3.1 T		1		7 20 44 157			_
NAME	Brandt, Janine				AME	[.	341	BEICKELL KEY L	10	478°	805
STREET ADDRESS	601 BRICKELL KEY DR #805			3.3 S	TREE	TADORESS	601	BEICKELL			i
CITY-ST-ZIP	MIAMI FL 33131			3.4. (TTY-S	ST-ZIP	mi	AMI, FL 331 HLEEN LARCO	<u> </u>		
TITLE			☐ DELETE		ITLE	}	> p	1 norn		Chang	- {
NAME				4.21	VAME		KAY	HLEEN LARLO		1Z &	×~
STREET ADDRESS				4.3 S	TREE	TADDRESS	601	BRICKELL REY UN	., =	2	1
CITY-ST-ZIP				4.4 0	ITY-S	ST-ZIP	MIA	mi, FL 33131			
TITLE			☐ DELETE	5.1 T	TILE					Chang	e Addition
NAME				5.2 N	IAME	Į					Į
STREET ADDRESS				5.3 9	TREE	T ADDRESS					[
•	}			5.4 0	aTY-S	ST-ZIP					ĺ
CITY-ST-ZIP			DELETE		TLE					Chang	e Addition
				624	AME	}					
NAME						T ADDRESS					Ì
STREET ADDRESS											1
CITY-ST-ZIP	<u> </u>					ST-ZIP		E 440 07/0/0 Florido Phrt. to - 14	ethor oct	fu that th	o information
14. I hereby	certify that the information supplied with	this	filing does not qualify for	ine exe	empt	tion stated	ın Sec	uon 119.07(3)(I), Flonda Statutes. I It	mmer cen	กงเมลเเป	e 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 rustee 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:

1/27/99 (306) 372-330