

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000007944 (6)
1. Corporation Name
FACE CAFE' BY ANGELIC, INC.



Principal Place of Business
5501 SW 112 AVE
MIAMI FL 33165

Mailing Address
5501 SW 112 AVE
MIAMI FL 33165

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt.
27 City & State
28 Zip
29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1997

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added No Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30
es No

9. Name and Address of Current Registered Agent
GARCIA, ANGIE S
5501 SW 112 AVE
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83 City
84 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits both in the State of Florida. Such change was authorized by the corporation's board. I accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE
12. OFFICERS AND DIRECTORS
13. AGENTS TO OF FICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. AGENTS TO OF FICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 incorporator or organizer 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:

11/0/98

CR2E034 (10/97)