

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90280 045 \*\*\*150.00

DOCUMENT # P97000009024

1. Corporation Name  
BEAUTY ESSENTIALS, INC.

Principal Place of Business

601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

65-0775387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

40 SE. 1 street

2a. Mailing Address

40 SE. 1 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL.

City & State

Miami, FL.

Zip 33131

Country USA

Zip 33131

Country USA

9. Name and Address of Current Registered Agent

DE LA PENA, VILLANUEVA & BAJANDAS, LLP  
601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name

Jose Goyanes

82 Street Address (P.O. Box Number is Not Acceptable)

40 S.E. 1 street

83

84 City

Miami

FL

85 Zip Code

33131

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

4/27/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GOYANES, JOSE A

STREET ADDRESS 601 BRICKELL KEY DRIVE #805

CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME GOYANES, JOSE

STREET ADDRESS 601 BRICKELL KEY DRIVE #805

CITY-ST-ZIP MIAMI FL 33131

TITLE S ☒ DELETE

NAME BAJANDAS, RICARDO

STREET ADDRESS 601 BRICKELL KEY DRIVE #705

CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

40 SE 1 street  
MIAMI, FL 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

JOSE A. GOYANES  
40 SE 1 street  
MIAMI, FL 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

JOSE GOYANES Pres 4/27

Date

305 5778896

Daytime Phone #

0168755

CR2E034 (11/98)