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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90160 049 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052583

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

BEYOND BEAUTIFUL, INC.

1912 N 45TH AVE HOLLYWOOD FL 33021		1912 N 45TH AVE HOLLYWOOD FL 33021			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 06/13/1997
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21					65-0809540 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Intangible
24	25	29 30	0		Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
			81	Nam	ne
	ati, Liana R		82	Stree	et Address (P.O. Box Number is Not Acceptable)
	N 45TH AVE			550	
HOL	LYWOOD FL 33021		83		
			84	City	FL 85 Zip Code
				<u> </u>	·
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	·				re required when reinstating) OATE
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	nt signatur	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 TITLE		Change Addition
	SADATI, LIANE R	_ 5215.6	1.2 NAME		<u> </u>
NAME	· ·		1.3 STREE	* 42000	
STREET ADDRESS	1912 N 45TH AVE				
CITY-ST-ZIP	HOLLYWOOD FL 33021	☐ D€LETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	DVS	(Dett.)	2.1 STILE		
NAME	SADATI, KAZEM S	والمراجع المنطقة المراجع المراجع		=	ال الله المالية المستحد بمالتين بسيادان معالي
STREET ADDRESS	1912 N 45TH AVE		2.3 STREE		ss
CITY-ST-ZIP	HOLLYWOOD FL 33021	□ DELETE	2.4 CITY-8	ST-ZIP	Change Addition
TITLE		☐ pere ie	3.1 TITLE		, Change [] Address
NAME			3.2 NAME		
STREET ADDRESS	·		3.3 STREE		SS
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4.2 NAME		,
STREET ADDRESS			4.3 STREE	TADDRES	iss ·
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	-		5.2 NAME		
STREET ADDRESS			5.3 STREE		SS
CITY-ST-ZIP -			5.4 CITY-S	T-ZIP	
TITLE	-	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
CTDEET ADDRESS	•		6.3 STREE	TADDRES	iss!

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 of suppliements) 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 appear with an address, with all other like empowered.