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FILED
May 26 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 # P97000060677 (6)

1. Corporation Name
E S SERVICES, INC.



Principal Place of Business

445 S.W. 27TH ROAD
MIAMI FL 33129

Mailing Address

445 S.W. 27TH ROAD
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1997

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 to Fees

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

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SOTOLONGO, EDUARDO
445 S.W. 27TH ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*Cosmetics Plus
Eduardo Sotolongo
445 S.W. 27th Road
Miami, FL, 33129*

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

There is no other officers or directors

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

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 a reference.

SIGNATURE:

Eduardo Sotolongo 3-5-98/35 B563120

CR2E034 (10/97)