SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA C'ARTMENT OF STATE

Sant B. Mortham

Setary of State
DIVISIONF CORPORATIONS

DOCUMENT # P97000075967 (4

HEALTH AND BEAUTY SOCIETY, INC.

Principal Place of Business Mailing Address
6222 ALTON ROAD
MIAMI BEACH FL 33140 MIAMI BEACH FL 3314

FILED Sep 28 1998 8:00am Secretary of State



| MIAMI BEACH FL 33140 | | | 6222 ALTON ROAD MIAMI BEACH FL 3314 | | | | DO NOT WRITE IN THIS | SPACE | , | | |
|--|--|---------|--|----------------|--|-------------------|--|--------------------------------|--------------------------|-------|--|
| | | | | | | | 3. Date Incorporated or Qualified 09/02/1997 | | | | |
| 2. Principal | Place of Business | 2a | 2a. Mailing Address | | | | 4. FEI Number | | Applied For | | |
| 21 | | 26 | 26 | | | | | $ \lambda$ | Not Applicab | ile | |
| Suite, Apt #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & Sta | ate . | 28 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees | | |
| Zip 24 | Country | | | 30 Cou | ntry | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | |
| | 9. Name and Address of Curren | t Regis | tered Agent | | 10. Name and Address of New Registered Agent | | | | | | |
| | INBERG, PAUL B | | | | 81 | Name | | | |) | |
| 767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140 | | | | l | 82 | Street Add | 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 | | | (NOTE: Registe | red A | geni signature re | equired when reinstating) DATE | | | 2 | |
| 12. | OFFICERS AND DIRECTORS | | | | | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRE | CTORS IN 12 | } | |
| TITLE | OP AND | | DELETE | 1.1 TI | TLE | | Į | Chan | nge Addition | on 3 | |
| NAME | SULTAN, NICOLE | | | | ME | | | | | 8 | |
| STREET ADDRESS | 6222 ALTON ROAD | | | | | ADDRESS | RESS | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | | | 1.4 C | | -ZIP | | - | | { | |
| TITLE | ☐ DELETE | | | | 2.1 TITLE | | ι | Chan | nge Additi | .on | |
| NAME | | | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 36 | | | | | ADDRESS | | | | ļ | |
| CITY-ST-ZIP | | | | | 2.4 CITY-ST-ZIP 3.1 TITLE | | *** | * | | | |
| NAME | L_ DELETE | | | | 3.2 NAME | | L | Chan | nge Additi | .on | |
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| City-ST-ZIP | | | | 4.4 CI | | 1 | | | | 1 | |
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| NAME | | | | 5.2 N | ME | | 1000026509 03/23/98010140 | 21 | - L.J 74000 | | |
| STREET ADDRESS | | | | | | ADDRESS | | 01 | | | |
| CITY-ST-ZIP | | | | 5.4 Ci | | | ***150.00 | | | | |
| TITLE | | | DELETE | 6.1 Tr | | | | Chan | nge Additio | ion | |
| NAME | | | | 6.2 NA | ME | | • | | 16 | 7 | |
| STREET ADDRESS | | | | 6.3 ST | REET | ADDRESS | | | 200 | ,D | |

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.

SIGNATURE:

SHARAGRA RECOUNTS

Wart

07-14.98

Paris, July 15 1.998

To ma Sandra B. Mortham, Decretary of State Division of Conforcations -

Doar ni mortham, I was very surproved to receive the 2 hor notice for the Profet Corporation Annual Refort for the 3 Conforations I am the Director of - I never received the first ones - This year I was in Europe Very after for business and family reasons my dæughter had her 4th child in Mdich - I had some problems with my mail, some was lost and I never received your notices to pay them on time - to day I called your office from Your, where I am till the end of July? et plaining my problem and they told me to send you & checks of \$ 750 and a letter to et plain you what haffened -3 hope that you will sundestand that I could not law the timestand that I could not pay you on time, notharm's received the decuments - Best regards