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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # P97000094954 (9)

ARTISTIC BEAUTY, INC.

FILED Jun 30 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					
14613 SW 144TH COURT 14613 SW 144TH COURT					
MIAMI FL 3316	86 -	MIAMI FL 33186		DO NOT WRITE IN THIS	SPACE
	÷			3. Date Incorporated or Qualified	
e e	ę.			11/05/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 8332	sw 8st.	26 8332 SW. 8	st.	65-0817175	Not Applicable
Sulte, Apt		Suite, Apt. #, etc.		······································	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Ctat	θ,\	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Migar	ni, Florida	28 Miami, Flo	r 1019 .	Trust Fund Contribution	Added to Fees
Z ip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 3304	4 25 30 SA	29 33144 3	J U.S.A.	1	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
FRANÇO, NORA 81 Name				one Gutierre	2-
14613 SW 144TH COURT			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186			52 Street Andr		
MINMI PL 30100			**		
	4 5			a <u>ui (</u>	
		_	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 907.0502 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 Vio State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with any accept the appointment as registered agent. Lam familiar with any accept the appointment as registered agent. Lam familiar with any accept the appointment as registered agent.					
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SIGNATURE Signature, type of or punited reaching the Act of diagram and line if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OF ICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRANCO, NORA		1.2 NAME		
STREET ADDRESS	14613 SW 144TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	N IAMI FL 33186		1.4 CITY-ST-ZIP		
TITLE	\$ D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANCO, FERNANDO		2.2 NAME		
STREET ADDRESS	(4613 SW 144TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami Fl 33186		2. 4 CITY - ST - ZIP		
TITLE	ž	DELETE	3.1 TITLE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS	i		3.3 STREET ADDRESS		
CITY-ST-ZIP	*		3.4. CITY-ST-ZIP		1
TITLE	7	DELETE	4.1 TRTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	- -		4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	10		5.2 NAME	1000025770	= 1
STREET ADDRESS	e e		5.3 STREET ADDRESS	- 07 /01/38010160	09
CITY-ST-ZIP	The second		5.4 CITY - ST - ZIP	***150.00	
TITLE		DELETE	6.1 TITLE	Λ. ~	☐ Change ☐ Addition
NAME	·		6.2 NAME	10 10 10	
STREET ADDRESS	7		6 3 STREET ADDRESS	· Xr. W (&	į
CITY-ST-ZIP	· -		6.4 CITY-ST-ZIP	-	İ
OULT-GIPLIF					

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 chapter or or an attachment with an address.

block 12 of block 13 if changed of off an allachine in with all address