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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

0276107

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

04-06-1999 90058 010 ***150.00

DOCUMENT # P97000094954

1. Corporation Name

ARTISTIC BEAUTY, INC.

Principal Place of Business

8332 SW 8ST
MIAMI FL 33144
US

Mailing Address

8332 SW 8ST
MIAMI FL 33144
US

2. Principal Place of Business

12460 SW 8th st

Suite, Apt. #, etc.

206

City & State

Miami FL

Zip

33184

Country

25

26

Mailing Address

12460 SW 8th st

Suite, Apt. #, etc.

206

City & State

Miami FL

Zip

33184

Country

27

28

City & State

Miami FL

Zip

33184

Country

29

30

9. Name and Address of Current Registered Agent

GUTIERREZ, ZONE

8332 SW 8ST

MIAMI FL 33144

81 Name NORA FRANCO

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

14613 SW 144TH CT

83

84 City MIAMI

FL 85 Zip Code 33186

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

Nora Franco

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, NORA		1.2 NAME	
STREET ADDRESS	14613 SW 144TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, FERNANDO		2.2 NAME	
STREET ADDRESS	14613 SW 144TH COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Nora Franco* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)