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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000105141 (0) DOCUMENT # Corporation Name

BEAUTIFUL SECRETS INC.

Principal Place of Business Mailing Address 2360 WEST 68TH ST 2380 WEST 68TH ST SUITE 118 SUITE 118 HIALEAH FL 33016-5502 HIALEAH FL 33016-5502 12/15/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Trust Fund Contribution Zip Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent CORONADO, RAMONA **B1** Name 7360 CORAL WAY 82 SUITE 21 **MIAMI FL 33155**

FILED Mar 31 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For 0799423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 8. Election Campaign Financing Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was author
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida S love-named corporation submits this statement for the purpose of changing its registered to by the corporation's board of directors. I hereby accept the appointment as registered **SIGNATURE** Signature, typical or printed name of registered agent and tille if applicable d Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE ITLE ECHAVARRIA, DORIS P NAME 1.2 NAME **242 NW 212 TERRACE** STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI FL 33179** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELET**ë** 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE ☐ Change 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.

P. ECHAVARRIA

(305)