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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000016657			
1. Corporation Name CASASHU ELLE COSMETICS, INC.			
Principal Place of Business 1118 N.E. 2 CT. HALLANDALE FL 33009		Mailing Address 1118 N.E. 2 CT. HALLANDALE FL 33009	
2. Principal Place of Business 21 89 ESSEX AVE Suite, Apt. #, etc. 22 City & State 23 HIALEAH Zip 24 FL 25 33010		2a. Mailing Address 26 P.O. Box 2566 Suite, Apt. #, etc. 27 City & State 28 HALLANDALE, FL Zip 29 33008 30 USA	
9. Name and Address of Current Registered Agent MEZEI, ERIKA 1118 N.E. 2 CT. HALLANDALE FL 33009		10. Name and Address of New Registered Agent 81 Name ERIKA MEZEI 82 Street Address (P.O. Box Number is Not Acceptable) 89 ESSEX AVE 83 84 City HIALEAH FL 85 Zip Code 33010	
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: <i>[Signature]</i> ERIKA MEZEI (DIRECTOR) (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS TITLE D NAME MEZEI, ERIKA STREET ADDRESS 1118 N.E. 2 CT. CITY-ST-ZIP HALLANDALE FL 33009 [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D 1.2 NAME MEZEI, ERIKA 1.3 STREET ADDRESS 89 ESSEX AVE 1.4 CITY-ST-ZIP HIALEAH, FL 33010 [] Change [] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change [] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change [] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 an address, with all other like empowered.

SIGNATURE: *[Signature]* ERIKA MEZEI (DIRECTOR) 4-19-99 954-455-3836
SIGNATURE AND BLOCK PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

- 0171353

CR2E034 (1/98)