

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 040 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000038765 ✓

1. Corporation Name
 LIGIA'S PLACE OF BEAUTY, INC.



Principal Place of Business Mailing Address
 301 EDGEWOOD DR. 301 EDGEWOOD DR.
 WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 04/29/1998

1. Principal Place of Business 350 South County Rd Suite, Apt. #, etc. Suite 11 City & State Palm Beach, FL Zip 33480	25	Country USA	26	2a. Mailing Address 300 South County Rd Suite, Apt. #, etc. Suite 11 City & State Palm Beach, FL Zip 33480	27	28	29	30
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4. FEI Number
65-0869434

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 FRADIQUE, LIGIA
 301 EDGEWOOD DR.
 WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

1. 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 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	
DELETE <input type="checkbox"/>	D FRADIQUE, LIGIA 301 EDGEWOOD DR. WEST PALM BEACH FL 33405	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		1.2 NAME	
DELETE <input type="checkbox"/>		1.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		1.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		2.2 NAME	
DELETE <input type="checkbox"/>		2.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		2.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		3.2 NAME	
DELETE <input type="checkbox"/>		3.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		3.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		4.2 NAME	
DELETE <input type="checkbox"/>		4.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		4.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		5.2 NAME	
DELETE <input type="checkbox"/>		5.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		5.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		6.2 NAME	
DELETE <input type="checkbox"/>		6.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		6.4 CITY-ST-ZIP	

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: *Ligia Fradique* July 5, 1999 (561) 832-7523

CR2E034 (5/99)