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PRÓFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jul 30, 1999 8:00 am Secretary of State 07-30-1999 90010 042 ***150.00

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•	1999 🤏	DIVISION OF C	CORPORATIONS	07-30-1999 900	710 042 *** 130.00
	MENT # PORO	0041100 🗸			
BEAUTIF	FUL BABY APPAREL, INC.				
				<u>i i fameda iro ibiri i biba brill astri obiak soril</u>	BIRLI (1881) (1811) (1811) (1811) (1881)
					<u> </u>
Principal Place	e of Business	Mailing Address	•	1 10011451 (13 10141 1414) 4614 6414 6841 6841	#1661 11661 17611 86117 BAN 1251
7801 SW 7 AVE		7801 SW 7 AVE			
MIAMI FL 33150	0	MIAMI FL 33150		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				05/06/1998	
2. Principal Pl	face of Business	2a. Mailing Address		4. FEI Number 0833314	Applied For
21]		Suite, Apt, #, etc.	 	6 5-08555	Not Applicable \$8.75 Additional
Suita, Apt.:	#, e vc.	27		5. Certificate of Status Desired	Fee Required
City & State	<u>. </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 =	* 5	- Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes the current year	¬ ¬
24	25	29	30	11.2.13.2.2.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
DESCRIPTA THE FAMILIE					
7801 SW 7 AVE			82 Street Addre	P.O. Box Number is Not Acceptable)	
MIAMI FL 33150			83	14 14 ·	
			B4 City		85 Zip Code
		·		<u>FL</u>	•]
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 egent, 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 a	am familiar with, and accept the obl	igations of, section 607.0505. Flo	rida Statutes.	, , ,,	
SIGNATURE	Signature, typed or printed name of registered a	Chi) ten less les distributes (his	TE: Registered Agent eignature requi	ined when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	DDIRECTORS IN 12 Change Addition Change Addition
TILE	PD	DELETE	1.1 TMLE		Change Addition
NAME	revuelta, julian		1.2 NAME		8
STREET ADORESS	7801 SW 7 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150	<u> </u>	1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	VD Samayoa, Helen	DELETE	2.2 NAME		C. C. Edge C. C. Assuces
STREET ADORESS	44 SANTILLANE, NO. 4		2.3 STREET ADDRESS		`
CITY-ST-ZIP	CORAL GABLES FL 33134	•	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		مستري بيات با	3.3 STREET ADDRESS		
CITY-ST-ZiP			3.4 CITY-ST-ZIP		Change Addition
TITLE NAME	i	DELETE	4.2 NAME		Citato Civilia
STREET ADDRESS			4.3 STREET ADDRESS		
CATY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		OELETE	5.1 TITLE		Change Addition
NAME	`		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-Z/P		Change Addition
TITLE		DELETE	6.1 TITLE 6.2 NAME		Change Addition
NAME STREET ADDRESS			8.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZIP		
44 (5	ertify that the information supplied w	ith this filing does not qualify for th	o avamation cinted in cort	ion 119.07(3)(i), Florida Statutes. I further certify	that the information
indicated on this annual report operaglemental annual report is true and accurate and that my signature shall have the same eggle effect as in most own, and the manual report of the receiver or trustee emgowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears					
in block 12 or block 13 ii changed or on an adaching mith an adaptess.					
7-71-99. 3-6-751-1355					