

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).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000046599**

1. Corporation Name
CELL ESTHE' INTERNATIONAL, INC.

Principal Place of Business 1701 EAST AVENUE CLERMONT FL 34711	Mailing Address 1701 EAST AVENUE CLERMONT FL 34711
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FILED
99 JUL 16 PM 2:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3520349		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPBELL, CHERRY 1701 EAST AVENUE CLERMONT FL 34711		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		FL 85 Zip Code	

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

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	D	1.1 TITLE	PRESIDENT
NAME	CAMPBELL, CHERRY	1.2 NAME	CHERRY G. CAMPBELL
STREET ADDRESS	1701 EAST AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CLERMONT FL 34711	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	DIRECTOR
NAME	HOLLOWAY, BETTY	2.2 NAME	MAUREEN CAMPBELL
STREET ADDRESS	4846 N. UNIVERSITY DRIVE	2.3 STREET ADDRESS	1701 EAST AVE.
CITY-STATE-ZIP	LAUDERHILL FL 33351	2.4 CITY-STATE-ZIP	CLERMONT, FL. 34711
TITLE	D	3.1 TITLE	D
NAME	RAMOS, ESTRELLITA	3.2 NAME	MARCELLE A. CAMPBELL
STREET ADDRESS	707 BOGIE COURT	3.3 STREET ADDRESS	1701 EAST AVE.
CITY-STATE-ZIP	KISSIMMEE FL 34741	3.4 CITY-STATE-ZIP	CLERMONT, FL. 34711
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-15-99 (352) 394-7677

CR2E034 (5/99)