Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046706 1. Corporation Name

Country

Suite, Apt. #, etc.

City & State

ARTISTIC IMAGES MAKE-UP & HAIR ARTIST, INC.

Principal Place of Business	Mailing Address	
8541 S.W. 36TH STREET MIAMI FL 33155	8541 S.W. 36TH STREET Miami Fl 33155	
Principal Place of Business	2a. Mailing Address	

27

Suite, Apt. #, etc.

City & State

Zip

3. Date Incorporated or Qualifed 05/19/1998

8. This corporation owes the current year Intangible

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

FILED Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90007 007 ***150.00

DO NOT WRITE IN THIS SPACE

25	29	30			Personal Property Tax.		☐ Yes	□No
	s of Current Registered Agent				10. Name and Address of	New Registered	Agent	
	•	-	81	Name				
RASKIN, CAROL 8541 S.W. 36TH STREET MIAMI FL 33155			82 Street Address (P.O. Box Number is Not Acceptable)					
			83				,. <u>.</u>	
			84	City		FI	_ 85 ∠ip 0 	ode ·
the provisions of Section pistered agent, or both, in Varnitian with, and accept	ns 607.0502 and 607.1508, Florida n the State of Elorida. Such change	Statutes, the was authori 05, Florida S	e above- zed by thatutes.	named corporati	poration submits this statement on's board of directors. I hereby	y accept the appo	ointment as reg	registered jistered
N	1/2/					Jan	7.99	
pnature, typed or printed name of	registered agent and title if applicable	(NOTE: Registe	ered Agent :	signature require		DATE		
					ADDITIONS/CHANGES	TO OFFICERS A		
PSTD	☐ DELE	ETE 1.	1 TITLE				∐ Change	Addition
•		1.	2 NAME				,	
	REET	1.	3 STREET A	ODRESS		•	.*	
MIAMI FL 33155			4 CITY-ST-	ZIP				
	☐ DELE	ETE 2.	1 TITLE				☐ Change	Addition Addition
		2.	2 NAME		•			
		2.	3 STREET A	ODRESS				
		2.	4 CITY-ST-	ZIP				
		ETE 3.	1 TITLE				☐ Change	Addition Addition
		3.	2 NAME	ĺ				
		3.	3 STREET A	ADDRESS	•			
			4. CITY-ST-	ZIP				
	☐ DELI	ETE 4.	1 TITLE				☐ Change	☐ Addition
		4	2 NAME				*	
		4.	3 STREET A	ODRESS			,	
		4.	4 CITY-ST-	ZIP				
	☐ DET						Change	Addition
		5.	2 NAME					
		5.	3 STREET A	DDRESS	•		•	
		5.	4 CITY-ST-	ZIP			`	
	☐ DELE	ETE 6.	1 TITLE				☐ Change	☐ Addition
		6.	2 NAME					
		6.	3 STREET A	DORESS			,	
		6.	4 CITY-ST-	ZIP				
	IN, CAROL S.W. 36TH STREET FL 33155 the provisions of Section jistered agent, or both, in Valmiliar with, and accept phature, typed or prifeed name of OFI PSTD RASKIN, CAROL 8541 S.W. 36TH STE MIAMI FL 33155	IN, CAROL S.W. 36TH STREET I FL 33155 the provisions of Sections 607.0502 and 607.1508, Florida jistered agent, or both, in the State of Elorida. Such change Verniliar with and accept the obligations of, Section 607.05 Determine	IN, CAROL S.W. 36TH STREET I FL 33155 In the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the provisions of Section 607.0505, Florida Statutes, the provision for Section 607.0505, Florida Scattering f	IN, CAROL S.W. 36TH STREET IF I 33155 B3 B4 In the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-pistered agent, or both, in the State of Elorida. Such change was authorized by the initiar with, and accept the obligations of Section 607,0505, Florida Statutes. Description of Printed name of registered agent and title if applicable (NOTE: Registered Agent OFFICERS AND DIRECTORS) PSTD DELETE 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST. DELETE 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST. DELETE 3.1 TITLE 3.2 NAME 3.3 STREET 4.4 CITY-ST. DELETE 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST. DELETE 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST. DELETE 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-ST. DELETE 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-ST. DELETE 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-ST. DELETE 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-ST. DELETE 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-ST. DELETE 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-ST. 6.4	IN, CAROL S.W. 36TH STREET I FL 33155 B3 84 City It provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named considered agent, or both, in the State of Florida. Such change was authorized by the corporate statute with any accept the obligations of, section 607.0505, Florida Statutes. Post D OFFICERS AND DIRECTORS PSTD OFFICERS AND DIRECTORS 13. PSTD ARSKIN, CAROL 8541 S.W. 36TH STREET MIAMI FL 33155 DELETE 12 TITLE 12 NAME 23 STREET ADDRESS 14 CITY-ST-ZIP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 44 CITY-ST-ZIP DELETE 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP DELETE 51 TITLE 52 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 44 CITY-ST-ZIP DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE 51 TITLE 52 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	IN, CAROL S.W. 36TH STREET IFL 33155 82 Street Address (P.O. Box Number is Not A	Name Street Address (P.O. Box Number is Not Acceptable) S.W. 36TH STREET	N, CAROL S.W. 36TH STREET IFL 33155 84 City FL 85 Zip C the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its interest agent acceptance objection 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as required agent, or purpose of private name afficial form of the purpose of changing its interest agent and title if applicable in private name afficial form of the purpose of changing its provided private name afficial form of the purpose of changing its provided private name afficial form of the purpose of changing its provided private name afficial form of the purpose of changing its provided private name afficial form of the purpose of changing its provided private name afficial form of the purpose of changing its provided private name afficial form of the purpose of changing its provided private name afficial form of the purpose of changing its provided private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of change its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of changing its private name afficial form of the purpose of the

Country

indicated on this annual report or supplemental arrival report is true and accurrate and that my signature shall have the same legal effect as it made under oath; that it and officer or director of the corporation or the peopler or trustee empowered Dexecute 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(305)264-2605