

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90035 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000079769

1. Corporation Name
SOUTH BEACH BEAUTY CENTER, INC.



Principal Place of Business 1220 WASHINGTON AVE. MIAMI BEACH FL 33139	Mailing Address 1220 WASHINGTON AVE. MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>Same</u>		2a. Mailing Address 26 <u>same</u>		3. Date Incorporated or Qualified <u>09/15/1998</u>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <u>593533529</u>	
23 City & State <u>Miami Beach FL</u>		27 City & State <u>M.B. FL</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip <u>33139</u>		29 Zip <u>33139</u>		30 Country <u>USA</u>	
25 Country <u>USA</u>		30 Country <u>USA</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STEIN, ERIC P 913 NORMANDY DRIVE MIAMI BEACH FL 33141		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent STEIN, ERIC P 913 NORMANDY DRIVE MIAMI BEACH FL 33141		10. Name and Address of New Registered Agent			
81 Name <u>Lisette Ortega</u>		82 Street Address (P.O. Box Number is Not Acceptable) <u>1220 Washington Ave</u>			
83		84 City <u>M.B. FL</u>			
85 Zip Code <u>33139</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 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 Lisette Ortega Lisette Ortega / President 3/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORTEGA, LISETTE		1.2 NAME	
STREET ADDRESS 1220 WASHINGTON AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMACHO, JAVIER		2.2 NAME	
STREET ADDRESS 1220 WASHINGTON AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: Lisette Ortega Lisette Ortega / President 3/8/99
 305 673-5000

CR2EN34 (1/98)