

DOCUMENT # P98000079769 ✓
 SOUTH BEACH BEAUTY CENTER, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 21 PM 2:08

1. Place of Business: 20 WASHINGTON AVE, MIAMI BEACH, FL 33139
 Mailing Address: 1220 WASHINGTON AVE, MIAMI BEACH, FL 33139

2. Place of Business: [Blank]
 3. Mailing Address: [Blank]
 Apt. #, etc.: [Blank] Suite, Apt. #, etc.: [Blank]

4. State: [Blank] City & State: [Blank]
 Country: [Blank] Zip: [Blank] Country: [Blank]

4. FEI Number: 59-3533529
 Applied For: [Not Applicable]
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ORTEGA, LISETTE
 1220 WASHINGTON AVE
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 City: [Blank] FL Zip Code: [Blank]

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 (NOTE: Registered Agent's signature required when registering)
 DATE: [Blank]

OFFICERS AND DIRECTORS

PD ORTEGA, LISETTE 1220 WASHINGTON AVE MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD CAMACHO, JAVIER 1220 WASHINGTON AVE MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ***150.00 ***150.00

I 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 provided in this report or supplemental 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 11 or Block 12 if applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: Javier Camacho JAVIER CAMACHO 4/27/00 (308) 673-5020
 SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR Date

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32314

ONE TIME APPLICATION WAIVER

Gentlemen with all do respect I am something this application of weaver,
to reinstate my corporation because I never received the application 2000 PROFIT
CORPORATION ANNUAL REPORT PACKET.

I find out about when I call to find out about when I was suppose to filed.

And since is I am not operating yet I can of lost track of due dates.

I promise that this won't happen again.

Please fin along with this application a money order for one hundred and fifty dollars (\$150.00)

Yours Truly,

MOISES SOSA
14340 SW 44TH CT
OCALA, FL 34473