

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90275 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000085243**

Corporation Name  
**KISS & MAKEUP, INC.**



|   |  |
|---|--|
| Principal Place of Business                                 | Mailing Address  |
| 1402 E. LAS OLAS BLVD.<br>SUITE 1077<br>LAUDERDALE FL 33301 | 1402 E. LAS OLAS BLVD.<br>SUITE 1077<br>FORT LAUDERDALE FL 33301 |

DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/05/1998</b>   | Applied For<br>Not Applicable         |
| 4. FEI Number<br><b>65-0868416</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|  |  |   |           |
|--|--|---|-----------|
| 9. Name and Address of Current Registered Agent  |  | 10. Name and Address of New Registered Agent          |           |
| INGLIS, RICHARD K ESQ.<br>SUITE 320, INTERNATIONAL BUILDING<br>2455 EAST SUNRISE BLVD.<br>FORT LAUDERDALE FL 33304 |  | 81 Name   |           |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |           |
|  |  | 83  |           |
|  |  | 84 City   | <b>FL</b> |
| 85 Zip Code  |  |   |           |

1. 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 \_\_\_\_\_

| 2. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---------------------------|--|---|---|
| TITLE                     | <input type="checkbox"/> DELETE          | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | <b>D BEHAR, SUSAN</b>                    | 1.2 NAME  |   |
| STREET ADDRESS            | <b>1402 E. LAS OLAS BLVD. SUITE 1077</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP               | <b>FORT LAUDERDALE FL 33301</b>          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                     | <input type="checkbox"/> DELETE          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      |  | 2.2 NAME  |   |
| STREET ADDRESS            |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP               |  | 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: \_\_\_\_\_ Date: **4/22/99** Daytime Phone #: **954-537-3577**

CR2E034 (1/1/98)