

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S37069** (9)

1. Corporation Name

BEYOND BEAUTE' CORPORATION



Principal Place of Business

**2601 SOUTH BAYSHORE DRIVE
SUITE 625
COCONUT GROVE FL 33133
US**

Mailing Address

**2601 SOUTH BAYSHORE DRIVE
SUITE 625
COCONUT GROVE FL 33133
US**

3. Date Incorporated or Qualified
03/08/1991

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0249375

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTER, ROBERT J.
FOLEY & LARDNER
111 ORANGE AVENUE
ORLANDO FL 32802-9193**

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 ☐ DELETE

NAME
P MARTINEZ, MARTA
STREET ADDRESS
2601 SOUTH BAYSHORE DRIVE SUITE 625
CITY-ST-ZIP
COCONUT GROVE FL

TITLE ☐ DELETE

NAME
TS GERARD, PHILIPPE
STREET ADDRESS
2601 SOUTH BAYSHORE DRIVE SUITE 625
CITY-ST-ZIP
COCONUT GROVE FL

TITLE ☐ DELETE

NAME
TS GERARD, PHILIPPE
STREET ADDRESS
2601 SOUTH BAYSHORE DRIVE SUITE 625
CITY-ST-ZIP
COCONUT GROVE FL

TITLE ☐ DELETE

NAME
TS GERARD, PHILIPPE
STREET ADDRESS
2601 SOUTH BAYSHORE DRIVE SUITE 625
CITY-ST-ZIP
COCONUT GROVE FL

TITLE ☐ DELETE

NAME
TS GERARD, PHILIPPE
STREET ADDRESS
2601 SOUTH BAYSHORE DRIVE SUITE 625
CITY-ST-ZIP
COCONUT GROVE FL

TITLE ☐ DELETE

NAME
TS GERARD, PHILIPPE
STREET ADDRESS
2601 SOUTH BAYSHORE DRIVE SUITE 625
CITY-ST-ZIP
COCONUT GROVE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Marta Martinez*

Marta Martinez-President

1-19-96

305-856-6154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)