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Secretary of State

03-03-1999 90040 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G18296

1. Corporation Name
DURAN-RUBERO BEAUTY CENTER, INC.



Principal Place of Business 2100 CORAL WAY SUITE 100 MIAMI FL	Mailing Address 2100 CORAL WAY SUITE 100 MIAMI FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/30/1982	4. FEI Number 59-2142512	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent

~~DURAN, AMERICA
973 N.W. 128TH PL.
MIAMI FL 33182~~

ALFIE, MIGUEL N.
11111 Biscayne Blvd.
Jockey Club III #1256
North Miami, FL. 33181

10. Name and Address of New Registered Agent

81 Name **ALFIE, MIGUEL N.**

82 Street Address (P.O. Box Number is Not Acceptable)
11111 Biscayne Blvd. Apt # 1256

83 **Jockey Club III**

84 City **N. Miami** **FL** 85 Zip Code **33181**

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: *Miguel N. Alfie P/T/D* **MIGUEL N ALFIE P/T/D** DATE: **2-8-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, AMERICA	1.2 NAME ALFIE, MIGUEL N
STREET ADDRESS	100 LINCOLN ROAD, SUITE 1535	1.3 STREET ADDRESS 11111 Biscayne Blvd. # 1256
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP North Miami, FL. 33181
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAS, WALACE	2.2 NAME ALFIE, REBECA
STREET ADDRESS	973 N.W. 128TH PL.	2.3 STREET ADDRESS 11111 Biscayne Blvd. # 1256
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP North Miami, FL. 33181
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFIE, MIGUEL N	3.2 NAME
STREET ADDRESS	11111 BISCAYNE BLVD APT 1256	3.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI FL 33181	3.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFIE, REBECA	4.2 NAME
STREET ADDRESS	11111 BISCAYNE BLVD APT 1256	4.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI FL 33181	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)(l), 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: *Miguel N. Alfie P/T/D* **MIGUEL N ALFIE P/T/D** DATE: **2-8-99** DAYTIME PHONE #: **(305) 612-4104**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)