

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 # **J47994 (5)**

1. Corporation Name
ASM BEAUTY WORLD ACADEMY, INC.



Principal Place of Business: **2510 N 60 AVENUE HOLLYWOOD FL 33021 US**
Mailing Address: **2510 N 60 AVENUE HOLLYWOOD FL 33021 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1986	3a. Date of Last Report 07/24/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2791257	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	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				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**MILAZZO, SAL V
6014 W LAKE DR
NAPLES FL 33940**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAZZO, SAL	1.2 NAME	MILAZZO, SAL
STREET ADDRESS	5424 TAFT ST	1.3 STREET ADDRESS	601 WEST LAKE DRIVE
CITY- ST- ZIP	HOLLYWOOD, FL..	1.4 CITY- ST- ZIP	NAPLES, FLA 33940
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARDINO, GIUSEPPE	2.2 NAME	SCARDINO, GIUSEPPE
STREET ADDRESS	5424 TAFT STREET	2.3 STREET ADDRESS	1071 N.W. 182 WAY
CITY- ST- ZIP	HOLLYWOOD FL	2.4 CITY- ST- ZIP	PEMBROKE PINES, FLA 33029
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORTORA, GERALDINE	3.2 NAME	TORTORA, GERALDINE
STREET ADDRESS	5424 TAFT ST.	3.3 STREET ADDRESS	2501 SOUTH OCEAN DRIVE APT 1409
CITY- ST- ZIP	HOLLYWOOD FL	3.4 CITY- ST- ZIP	HOLLYWOOD, FLA 33019
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 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: Giuseppe Scardino **JANUARY 18, 96 (954) 966-5998**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)