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 # **P93000043307 (6)**

1. Corporation Name

STEINER BEAUTY PRODUCTS, INC.

Principal Place of Business

1007 NORTH AMERICA WAY
4TH FLOOR
MIAMI FL 33132

Mailing Address

1007 NORTH AMERICA WAY
4TH FLOOR
MIAMI FL 33132

3. Date Incorporated or Qualified: **06/18/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21, 22, 23, 24, 25

2a. Mailing Address — 26, 27, 28, 29, 30

4. FEI Number: **65-0423915** ☐ 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

FLUXMAN, LEONARD
1007 NORTH AMERICA WAY
4TH FLOOR
MIAMI FL 33132

10. Name and Address of New Registered Agent

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 617.0502 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: (Required) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1-1 TITLE	☐ Change ☐ Addition
NAME	FLUXMAN, LEONARD	1-2 NAME	
STREET ADDRESS	1007 NORTH AMERICAN WAY	1-3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1-4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME	KAYE, ALEXIS	2-2 NAME	
STREET ADDRESS	1007 NORTH AMERICA WAY 4TH FLOOR	2-3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	2-4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3-1 TITLE	☑ Change ☐ Addition
NAME	WARSHAW, CLIVE E	3-2 NAME	WARSHAW, CLIVE E
STREET ADDRESS	1007 N. AMERICAN WAY	3-3 STREET ADDRESS	1007 N AMERICA WAY
CITY-ST-ZIP	MIAMI FL	3-4 CITY-ST-ZIP	MIAMI FL
TITLE	☐ DELETE	4-1 TITLE	☐ Change ☐ Addition
NAME		4-2 NAME	
STREET ADDRESS		4-3 STREET ADDRESS	
CITY-ST-ZIP		4-4 CITY-ST-ZIP	
TITLE	☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME		5-2 NAME	
STREET ADDRESS		5-3 STREET ADDRESS	
CITY-ST-ZIP		5-4 CITY-ST-ZIP	
TITLE	☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
NAME		6-2 NAME	
STREET ADDRESS		6-3 STREET ADDRESS	
CITY-ST-ZIP		6-4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I 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)(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 added on an attachment with an address.

SIGNATURE: Leonard Fluxman 2/5/96 305 358-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEONARD FLUXMAN