

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 298840

(0)

1. Corporation Name

ELLAS BEAUTY SALON, INC.

Principal Place of Business

1036 S.W. 1 ST.
MIAMI FL 33130
US

Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/17/1965

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1036 S.W. 1 ST.

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23 MIAMI FLORIDA

24 Zip

33130

25 Country

US.

27 City & State

28

29 Zip

30 Country

4. FEI Number

59-1116262

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

FLORIDA ANNUAL REPORT SERVICE/CANTERA &
ASSOCIATES INC.
1036 S.W. 1 ST.
MIAMI FL 33130

10. Name and Address of Now Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.
83
84 City
MIAMI
85 Zip Code
FL 33130

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 607.0105, Florida Statutes.

SIGNATURE

AMADA C. LOPEZ, PRES

4/25/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	NAVARRO, EDUARDO	18 SE 1ST ST	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP

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*****200.00 *****200.00

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)(b), 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 or both, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO NAVARRO

DATE

Signature Printed Name