SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION: Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** K20433 (4) NEYDA'S BEAUTY SALON, INC. Mailing Address Principal Place of Business 112 MADEIRA AVE 112 MADEIRA AVE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3a, Date of Last Report 3. Date Incorporated or Qualified 04/07/1988 05/01/1995 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0043383 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes No Ζιρ Country Country Zip 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NOGUEIRA, NEYDA Street Address (P.O. Box Number is Not Acceptable) 5871 N.W. 199 ST. MIAMI FL 33015 63 85 Zip Code 84 City FL 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. CODE Registral Agent agradute required when releasing Signative type 10 period name of reget not agent and to emapor trice (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 THLE TITLE CR2E034 1.2 NAME NOGUEIRA, NEYDA NAME 13 STREET ADDRESS 5871 N.W. 199TH ST. STREET ADDRESS MIAMI FL 14 CiTY - ST-ZIP CITY-ST-ZiP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CiTY - ST - ZIP DITY-ST-ZIP Change Addition DELETE 3 1 11TLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 City - St - ZiP Change Addition CITY-ST-ZIP DELETE 5.1 THE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP 6000019065@@Ange Addition DELETE 611 TITLE TITLE -07/29/96--01014--019 6.2 NAME NAME ***225.00 6.3 STREET ADDRESS STREET ADDRESS 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 suppliemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 64 CITY ST-7P

SIGNATURE AND TYPED OR BANTED NAME OF SIGNA

E OF SIGNING OFFICER OR DIRECTOR