

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90018 040 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000010612**

1. Corporation Name  
**AVANTE STYLIST, INC.**



Principal Place of Business Mailing Address  
**13635 S.W. 26TH STREET** **13635 S.W. 26TH STREET**  
**MIAMI FL 33175** **MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/03/1997</b>	
4. FEI Number <b>65-0730664</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MELENDEZ, MARIA**  
**13635 S.W. 26TH STREET**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name <b>Felix Alfonso</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>13635 S.W. 26th Street</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33175</b>

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 *Maria Melendez*  
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature requires notary public signature)

DATE **3/13/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELENDEZ, MARIA</b>	1.2 NAME	<b>Felix Alfonso</b>
STREET ADDRESS	<b>13635 S.W. 26TH STREET</b>	1.3 STREET ADDRESS	<b>13635 S.W. 26th Street</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	1.4 CITY-ST-ZIP	<b>Miami, FL. 33175</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Melendez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/13/99** DAYTIME PHONE # **305-225-3296**

CR2E034 (11/98)

Tel. (954) 253-8655  
Beeper (305) 306-0701

DOC-P97000010612  
267757-90018-40

Jess Guzman, CPA  
13356 N.W. 7th Street  
Ft. Lauderdale, FL 33325

I N S T R U C T I O N S

=====

DATE : February 22, 1999

CLIENT : Avante Stylist, Inc.

RETURN : Florida Annual Report

PERIOD : 1999

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SIGNATURE REQUIRED :  
(WHERE INDICATED BY  
RED CHECKMARK

TAXPAYER(S)

AMOUNT OF TAX DUE : \$ 150

CHECK PAYABLE TO : Department of State

WITH RETURN : \$ 150

DEPOSIT IN BANK : \$ PRIOR TO

AMOUNT OF REFUND : \$

TO BE REFUNDED : \$

TO BE APPLIED : \$

FORWARD TO : Division of Corporations  
(Envelope enclosed)

MAIL PRIOR TO : May 1, 1999

REMARKS : Please write P 97000010612 & "1999  
Annual Report" on your check.