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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

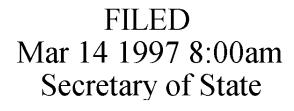
Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 198486

(3)

RENOIR BEAUTY SALON INC





Principal Place of Business Mailing Address							
		369 WESTWARD DRIVE					
389 Westward Drive Miami Springs fl 33168		MIAMI SPRINGS FL 33166-5261					
					3. Date Incorporated or Qualified 12/21/1956	3a. Date of Last Report 05/14/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-0791458	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State		27 City & State				Fee Required	
-					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country				8. This corporation has liability for		
24	25	tana bana bana bana bana bana bana bana		•	Florida Statutes	Yes No	
	9. Name and Address of Curre				10. Name and Address of New R	egistered Agent	
GAF	RCIGA, MARIA		8	1 Name			
	ESPLANADE DRIVE		8	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
MIAMI SPRINGS FL 33166							
			8	3			
			8	4 City		FL 85 Zip Code	
44 0	4. 4	Vo 1 002 87 00 11 224		1	and a disciplinate the state of	· —	
office or a agent. I a	no the provisions of Sections 607.050 registered agent, or both, in the Statom familiar with, and accept the oblig	of Florida, Such change was a ations of, Section 607.0505, Flo	is, ine and uthorized I nda Statut	by the corporal es.	poration submits this statement for the tion's board of directors. I hereby acce	ept the appointment as registered	
SIGNATURE						DÀTE	
12.	Signature, typed or printed name of registern disci	ID DIRECTORS (NOTE	13.	gent signature requi	red when reinsticing) ADDITIONS/CHANGES TO OFFI		
TITLE	PD	DITE	1.1 101.0			Change Addition	
NAME	GARCIGA, MARIA		1.2 NAM	f		·	
STREET ADDRESS	365 ESPLANADE DRIVE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP			1.4 CITY	- ST - ZIP			
TITLE			2.1 1111			Change Addition	
NAME	GARCIGA, MAYRA		2 2 NAM	f			
STREET ADDRESS	365 ESPLANADE DRIVE		23 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS FL		2 4 CITY				
TITLE	☐ DELETE		3 1 1111.0	j		Li Change Li Addition	
NAME			3.2 NAM				
STREET ADDRESS				LLADDRESS			
CITY-ST-ZIP			3.4. GHY			Change Addition	
TITLE		☐ DELETE	4.1 11TE	ì		E⊐ ∧uquâe E⊐ vooitiou	
NAME			4 2 NAM				
STREET ADDRESS				ET AODRESS			
CATY+ST-ZIP TATLE	 	☐ DÉLETE	5 1 TITLE			Change Addition	
NAME			52 NAM				
STREET ADDRESS				E) ADDRESS			
CITY-ST-ZIP			54 CHY				
TITLE		DELETE	6111111			Change Addition	
NAME		-	6.2 NAM			-	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			84 CITY	E .			
		and the same of the contract of the same of the					

14. I do hereby certify that the information supplied with this fiting 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaching by with an address

- Marin Hanrian

1062 305 PPD PPD