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

FILED PROFIT Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **1998** DIVISION OF CORPORATIONS DOCUMENT # S & B BEAUTY SHOPS INC Principal Place of Business Mailing Address 8408 CORAL WAY 4545 N.W. 7TH STREET MIAMI FL 33155-2334 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 05/22/1967 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1301001 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip Country Zio 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAZQUEZ, PILAR 240 NW 107 AVE #206 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33172 83 Zip Code 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 Signature, typed or printed harm of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition 및 VAZQUEZ PILAR NAME 1.2 NAME 240 NW 997 AVE #208 MIAMI FE STREET ADDRESS 1.3 STREET ADDRESS CITYMST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition EL HEDRI CARIDAD NAME 12960 SVESTH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE ☐ Change Addition 3.1 TITLE HERNANDÊŽ, NIVIA NAME 3.2 NAME 5400 SW 4 ST. STREET ADDRES 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIF 3.4. CITY - \$1 - ZIP DELETE TITLE ☐ Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

14. Thereby 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 an attachment with an agrees.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP

NAMÉ

STREET ADDRESS