FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **335123** **(6)**

1. Corporation Name

MIRAMAR BEAUTY INC

Principal Place of Business	Mailing Address
7794 KISMET STREET MIRAMAR FL 33023	7794 KISMET STREET MIRAMAR FL 33023

3. Date Incorporated or Qualified: **09/17/1968**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business
21 9455 Collins Ave
22 Suite, Apt. #, etc: # 308
23 City & State: Surfside FL
24 Zip: 33154
25 Country: DADE

2a. Mailing Address
26 9455 Collins Ave
27 Suite, Apt. #, etc: # 308
28 City & State: Surfside FL
29 Zip: 33154
30 Country: DADE

4. FEI Number: **59-1259498** ☐ 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

GARCIA, RAQUEL
7794 KISMET STREET
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name: GARCIA, RAQUEL
82 Street Address (P.O. Box Number is Not Acceptable): 9455 Collins Ave
83 # 308
84 City: Surfside **FL** 85 Zip Code: 33154

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: Raquel Garcia 3-10-96
(Typed or printed name of registered agent and title if agent is a corporation) (Typed or Printed Name of New Registered Agent Signed Above) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	GARCIA, RAQUEL		12 NAME		
STREET ADDRESS	7794 KISMET STREET		13 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 00000		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GARCIA, RAQUEL		22 NAME		
STREET ADDRESS	7794 KISMET STREET		23 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM, SONIA		32 NAME		
STREET ADDRESS	6239 NW 42 CT		33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: Raquel Garcia 3-10-96 954-865-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #