FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 47039

(8)

APPROVE AND FILED

96 MAY - 1 PM 4: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



CONCHITA BEAUTY SALON CORP.

Principa' Place of Business 1036 S.W. 1 ST. MIAMI FL 33130 Mailing Address

1036 S.W. 1 ST. MIAMI FL 33130

					3. Date Incorporated or Qualified 02/24/1975	3a. Date of La 04/2	st Report 8/1995
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For
21 2300 CORAL WAY		26 2300 CORAL	26 2300 CORAL WAY		59-1591625		Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.	⊢ }		5. Certificate of Status Desired		.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	_ \$	5.00 May Be
MIAMI	FLORIDA,	28 MIAMI FLOR	IDA,		Trust Fund Contribution LJ Added to Fees		
Ziρ	Country	Ζφ	Count	try	8. This corporation has liability for	intangibie tax und	lers 199.032,
33145	1						
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New I	Registered Agen	<u>t</u>
			8	Name FLORT	DA ANNHAL REPORT SER	VICES IN	rC
FLORIDA ANNUAL REPORT SERVICES INC 1036 S.W. 1 ST.				FLORIDA ANNUAL REPORT SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable)			
				2300 CORAL WAY SUITE # 200			
MIAMI F	L 33130		8	33			
			2	34 City		85	Zırı Code
				MTAMT		FL	33145
11. Pursuant to or registered familiar with SIGNATURE	WYY W		MADA CA	ANTERA L	ration submits this statement for the purel of directors. Thereby accept the app OPEZ.PRES		tered agent. I am
12.	granine, typicd or process or a racin of registers	ot age of accounted trapped ad least of the STAND DIRECTORS	II 13.	gent sejratarere jure	an when restoring: ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRE	CTORS IN 12
TITLE	0	DELETE	1 1 1 1	LE		☐ Cha	inge 🔲 Addition
NAME	REGLA. MARIA A		1.2 NAM	1			
STREET ADDIRESS	572 S DR			EET ADDRESS			
CITY-ST-Z:P	MIAMI SHORES, FL 00	1000		(-S'-ZP			
TITLE	PD PD	DELETE	2 1111		<u>"-, t") () (</u>	00184	ange - Addition
NAME	ARZOLA, RITA		2.2 NAM		-05/08.	7960108i	J - -016
STREET ADURESS	572 S DR			EET ADORESS]Ŭ.ŬÜ **•	
-	MIAMI SHORES, FL 00		233150	TE (ADDRES)			
CITY-ST-ZP		WWW1	2.4.0015	01.76			E00.00
TITLE				r - S1 - ZIP		☐ Ch	
THTLE		DELETE	3 1 111.	, f		Ch.	
NAME			3 1 TH. 3 2 NAM	. F ME		☐ Ch	
NAME STREET ADDRESS			3 1 TH . 3 2 NAM 3 3 STR	AE HEET ADDRESS		☐ Ch	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3 1 111. 32 NAM 33 STR 34 CITY	, F AC KEET ADDRESS Y - ST - ZIP			ange 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	_		3 1 TH. 32 NAM 33 STR 34 CITY 4 1 THL	AE KEET AOORESS Y-SI-ZIP LE			
NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME	_	☐ DELETE	3 1 111. 32 NAM 33 SIR 34 CITY 4 1 111. 42 NAM	LE ME ADDRESS YEST-ZIP LE			ange 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3 1111. 32 NAM 33 STR 34 CITY 4 1 THL 42 NAM 43 STRI	LE AEET ADDRESS Y-SI-ZIP LE AEET ADDRESS AEEET ADDRESS			ange 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DETE1E	3 1 TIT. 3 2 NAM 3 3 STR 3 4 CHY 4 1 TITL 4 2 NAM 4 3 STRI 4 4 CTY	LE AEET ADDRESS Y-SI-ZIP LE AEET ADDRESS AEEET ADDRESS Y-SI-ZIP		Cn	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3 1 111. 32 NAM 33 SIR 34 GIY 4 1 111. 42 NAM 43 SIRI 44 CTY 5 1 TITE	LE AEET ADDRESS Y-SI-ZIP LE AEET ADDRESS Y-SI-ZIP LE AEET ADDRESS Y-SI-ZIP LE			ange Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DETE1E	3 1 111. 32 NAM 33 STR 34 CITY 4 1 111. 42 NAM 43 STRI 44 CTY 5 1 TITE 52 NAM	AE AEET ADDRESS Y-SI-ZIP LE AEET ADDRESS Y-SI-ZIP LE AEET ADDRESS Y-SI-ZIP LE AEET ADDRESS	s 0n -1.	Cn	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DETE1E	3 1 TH. 32 NAM 33 SIR 34 CHY 4 1 THL 42 NAM 43 SIRI 44 CTY 5 1 THE 52 NAM	AE AEE ADDRESS Y-SI-ZIP LE AEET ADDRESS Y-SI-ZIP LE AEET ADDRESS Y-SI-ZIP LE AEEE ADDRESS	105/1	Cn	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		☐ DETELE	3 1 TH. 32 NAM 33 SIR 34 CHY 4 1 THL 42 NAM 43 SIRI 44 CTY 5 1 THE 52 NAM 53 SIRI 54 CHY	AE AEE ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE AE LEET ADDRESS Y-SL-ZIP LE AE	J05/1	Ch	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE		☐ DETE1E	3 1 111. 32 NAM 33 SIR 34 CIIV 4 1 111. 42 NAM 43 SIRI 44 CIIV 5 1 THE 52 NAM 53 SIRI 54 CIIV 6 1 THE	AE AEE ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE LE AEET ADDRESS	J05/1	Cn	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DETELE	3 1 TIT. 32 NAM 33 SIR 34 CITY 4 1 TITL 42 NAM 43 SIRI 44 CITY 5 1 TITL 52 NAM 53 SIRI 54 CITY 6 1 TITL 62 NAM	AE AEE ADDRESS A-SI-ZIF LE AEET ADDRESS A-SI-ZIF LE AEET ADDRESS	195/1	Ch	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE THE NAME TREET ADDRESS CITY-ST-ZIP TITLE		☐ DETELE	3 1 TH. 32 NAM 33 SIR 34 CITY 4 1 THL 42 NAM 43 SIRI 44 CITY 5 1 THE 52 NAM 53 SIRI 54 CITY 6 1 THE 62 NAM 63 SIRI	AE AEE ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE AEET ADDRESS Y-SL-ZIP LE LE AEET ADDRESS	J05/1	Ch	ange Addition

1. For hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exemption stated in Section 119 0/3/(8). Florida Statutes 1 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 trusted enhanced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ctilings), or on an attachment with an addition.

SIGNATURE:

INATURE AND TYPED OR NOW LED NAME OF SIGNING OFFICER OR DIRECTOR

429/26

Daylore Phore K