

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **470394** (8)
1. Corporation Name
CONCHITA BEAUTY SALON CORP.

Principal Place of Business 1036 S.W. 1 ST. MIAMI FL 33130	Mailing Address 1036 S.W. 1 ST. MIAMI FL 33130
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2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA, Zip 24 33145	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA, Zip 29 33145 Country 30 US.
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3. Date Incorporated or Qualified 02/24/1975	3a. Date of Last Report 04/28/1995
4. FEI Number 59-1591625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 1036 S.W. 1 ST. MIAMI FL 33130	10. Name and Address of New Registered Agent 81 Name FLORIDA ANNUAL REPORT SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE # 200 83 84 City MIAMI FL 85 Zip Code 33145
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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  **AMADA CANTERA LOPEZ, PRES**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGLA, MARIA A	1.2 NAME	
STREET ADDRESS	572 S DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARZOLA, RITA	2.2 NAME	
STREET ADDRESS	572 S DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	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 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 changing, or on an attachment with an address.

SIGNATURE:  **RITA ARZOLA**

4/29/96

CR2E034 (12/95)