

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 # 481750 (8)

1. Corporation Name:

TONSORIAL STUDIO, INC.



Principal Place of Business:

1641 E. HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address:

1641 E. HALLANDALE BEACH BLVD
HALLANDALE FL 33009

2. Principal Place of Business:

2a. Mailing Address:

21. Suite, Apt. #, etc.:

26. Suite, Apt. #, etc.:

22. City & State:

27. City & State:

23. Zip:

Country:

28. Zip:

Country:

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/04/1975

3a. Date of Last Report

04/11/1995

4. FEI Number

59-1615912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable):

83.

84. City

FL

85.

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 type: Personal (for officer, director, or registered agent) or Corporate (for registered agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARENA, JOHN	
STREET ADDRESS	819 NE 26TH AVENUE	
CITY-STATE-ZIP	HALLANDALE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SPATARO, ALPHONSE	
STREET ADDRESS	11800 NW 15TH STREET	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENZO, FRANCO	
STREET ADDRESS	3640 FARRAGUT STREET	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(ix), 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: *Alphonse Spataro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALPHONSE SPATARO

2/7/96 458-4770
Date Daytime Phone

CR2E034 (12/95)