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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 521815

(1)

1. Corporation Name

MANHATTAN BEAUTY SCHOOL, INC.

Principal Place of Business

Mailing Address

4315 S. MANHATTAN AVE.

4315 S. MANHATTAN AVE.

FILED Apr 17 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing	Mailing Address 4315 S. MANHATTAN AVE.: TAMPA FL 33611-1303							
4315 S. MANHA TAMPA FL 3361		4315 S Tampa								
						3. Date Incorporated or Qualified 01/10/1977	or Qualified 3a. Date of Last Report 05/14/1996			
2. Principal P	Place of Business	2a. Ma	iling Address				4, FEI Number		A	pplied For
21		26					59-1731191		_ N	ot Applicable
Suite, Apt	#, etc	27	ite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State	С	Cit	y & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Ζφ 24	Country 25	Zış 29		Countr 30	ry			Yes [No	s. 199,032,
	9. Name and Address of Curre	nt Registere	ed Agent				10. Name and Address of New Reg	istered A	gent	
VALI	dez, robert e sr			8	1	Name				
4509	HENDERSON BLVD			8:	2	Street Add	ress (P.O. Box Number is Not Acceptable	e)	·····	
	PA, FL									
TAM	PA FL 33629			8:	3					
				8	4	City			85 Zip	Code
					1	•		FL		
agent La	registered agent, or both, in the State into familiar with, and accept the oblig Signature, typical or printed name of registered as						poration submits this statement for the pution's board of directors. I hereby acception when reinstating)	DATE	intment a	s registered
12.	OFFICERS AN	ND DIRECTO	PS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TOTLE	P		☐ DELETE	1.1 TITLE					Change	Addition
NAME	VALDEZ, ROBERT E SR.			1,2 NAME	E		•			
STREET AUDRESS	4509 HENDERSON BLVD			1.3 STREE	et al	DDRESS				
City-ST-ZiP	TAMPA FL			1.4 CITY-	-51-	ZIP				
THELF	V		DELETE	2.1 TITLE					Change	Addition
NAME	VALDEZ, YVONNE			2.2 NAME	E					
STREET ADDRESS	4509 HENDERSON BLVD.			2.3 STREE	et Ai	DORESS				
C/79 - \$1 - 7/P	TAMPA FL			.2 4 CITY	-ST-	- ZIP				· · · · · · · · · · · · · · · · · · ·
TIT.E	ST		XX DELETE	3 1 TITLE		s	T	i	Change	XX Addition
NAME	ROY, DARLENE			. 3.2 NAME	E	l v	ALDEZ, ROBERT E JE			
STREET ADDRESS	5017 WHITEWAY DRIVE			3.3 STRE	ET AL	DDRESS 4	821 GLENAIRE CT.			
CITY - ST - ZIP	TAMPA FL			3 4. CITY	- \$T-	-ZIP T	AMPA, FL 33624		_	
TOLE			DELETE	41 TITLE			•	Į	Change	Addition
NAME				4. 2 NAM	Æ					
STREET ADDRESS				4.3 STRE	ET AL	DDRESS				
CITY-ST-7IP				4.4 CITY	_	ZIP				·
TITLE			☐ DELETE	5.1 TITLE				ı	Change	Addition
NAME				5.2 NAME		1	•			
STREET ADDRESS				5.3 STRE	ET A	DORESS				
CITY-ST-ZIF				5.4 CITY-		ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE			DELETE	61 TITLE		ľ		[Change	☐ Addition
NAM (6.2 NAME		1				
STREET ADDRESS				6.3 STRE	ET AL	DDRESS				
CHY-S1-ZIP	1			6.4 CITY	-\$1-	ZIP				

4. I do hereby 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 it 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 or an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06

813-837-3535