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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1998 8:00am
Secretary of State

1. Corporatio	MENT # 54682 S SALON OF BEAUTY, IN	\ /		
Principal Plac	e of Rusiness	Mailing Address		
8841 N.W. 23RD STREET 8641 N.W. 23RD STREET				
PEMBROKE PINES FL 33024-3357 PEMBROKE PINES FL 33024-3357				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
	10			08/24/1977
	lace of Business	2a. Mailing Address		4. FEI Number Applied For 59-1760821 Not Applicable
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u></u>	A9 75
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
	CIC, TIHO		61 Name	}
8641 N.W. 23RD STREET		62 Street Add	dress (P.O. Box Number is Not Acceptable)	
1	MBROKE PINES FL 33024		83	
			84 City	FI 85 Zip Code
11 Pursuant	to the provisions of Sections 607 (0502 and 607 1509. Florida Statuto	s the above-named co	P 5
office or r agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was a ligations of, Section 607.0505, Flor	uthorized by the corporation Statutes.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	assert and title if another this ININE	Registered Agent signature regi	when when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	☐ OELETE	1.1 TITLE	Change Addition
NAME	CECIC, TIHOMIR		1.2 NAME	İ
STREET ADDRESS	8641 N.W. 23RD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 City-St-ZiP	
TITLE	STD	☐ DELETE	2 1 TITLE	Change Addition
NAME	CECIC, NORMA		2.2 NAME	
STREET ADDRESS	8641 N.W. 23RD STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	ļ
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME		C) Officer	4.1 TILE	L. Change L. Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	ļ
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	_ ,
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	3		5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
HAME	V		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby o	certify that the information supplied	d with this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information

Indicated on this ennual report or suppliemental annual roport 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:

Jel Juin

Clean

+29-98 432-99