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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 594760 (1)
1. Corporation Name
EVERGLADES BEAUTY SALON AND BOUTIQUE, INC.



Principal Place of Business
5167 SW 8TH ST
MIAMI FL 33134

Mailing Address
5167 SW 8TH ST
MIAMI FL 33134-2474

3. Date Incorporated or Qualified
12/15/1978
3a. Date of Last Report
01/24/1996
4. FEI Number
59-1827003
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 4745 SW 8ST
Suite, Apt. #, etc.
22 City & State
23 MIAMI, FLORIDA
Zip
24 33134
Country
25 U.S.A.
2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
AQUILA, ADOLFO Z.
4689 WEST FLAGLER ST.
MIAMI FL 33134

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: *Adolfo Z. Aquila* 01/14/97
Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SILVESTRE, ESTRELLA
STREET ADDRESS 5167 S.W. 8TH STREET
CITY - ST - ZIP MIAMI FL
TITLE D
NAME SILVESTRE, ESTRELLA
STREET ADDRESS 5103 S.W. 8TH ST.
CITY - ST - ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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 or changed, or on an attachment with an address.

SIGNATURE: *Estrella Silvestre* 1-14-97 305-442-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0183357

CR2E034 (9/96)