

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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90068 047 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F17114

1. Corporation Name
M & G BEAUTY SALON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 % MARIA J SMITH
 12155 BISCAYNE BLVD.
 MIAMI FL 33181

Mailing Address
 % MARIA J SMITH
 12155 BISCAYNE BLVD.
 MIAMI FL 33181

3. Date Incorporated or Qualified
01/15/1981

2. Principal Place of Business
 21 **1779 N.E. 121ST ST.**

2a. Mailing Address
 26 **1779 N.E. 121ST ST**

22 Suite, Apt. #, etc.

23 City & State
N. Miami FL

24 Zip **33181-2816** 25 Country

28 City & State
N. Miami FL

29 Zip **33181-2816** 30 Country

4. FEI Number
59-2497549

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SMITH, MARIA J
12155 BISCAYNE BLVD.
MIAMI FL

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
3551 S.W. 139TH AVE
 83
 84 City **MIRAMAR FL FL** 85 Zip Code **33027-3251**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARIA J	1.2 NAME	
STREET ADDRESS	12155 BISCAYNE BLVD.	1.3 STREET ADDRESS	3551 S.W. 139TH AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIRAMAR, FL 33027-3251
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALFREDO	2.2 NAME	
STREET ADDRESS	12155 BISCAYNE BLVD.	2.3 STREET ADDRESS	3551 S.W. 139TH AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIRAMAR, FL 33027-3251
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALFREDO	3.2 NAME	
STREET ADDRESS	12155 BISCAYNE BLVD.	3.3 STREET ADDRESS	3551 S.W. 139TH AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIRAMAR, FL 33027-3251
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARIA SMITH* **MARIA SMITH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **02/15/99** (205) 893-6907
 Day of the Phone #

CR2E034 (11/98)