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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F37806 (9)

**1. Corporation Name
LARISSA BEAUTY SALON INC.**

**Principal Place of Business Mailing Address
LARISSA BEAUTY SALON INC. LARISSA BEAUTY SALON INC.
7313 COLLINS AVENUE 7313 COLLINS AVENUE
MIAMI BEACH FLORIDA 33141 MIAMI BEACH FLORIDA 33141**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/26/1981 3a. Date of Last Report 04/15/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21		26		59-2111368	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		28		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANIS, MONUS
1325 15TH TERR
MIAMI BEACH FLORIDA 33139**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIS, MONUS	1.2 NAME	
STREET ADDRESS	1325 15TH TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FLORIDA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIS, LARISSA	2.2 NAME	
STREET ADDRESS	1325 15TH TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FLORIDA	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIS, MONUS	3.2 NAME	
STREET ADDRESS	1325 15TH TERR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FLORIDA	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIS, LARISSA	4.2 NAME	
STREET ADDRESS	1325 15TH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FLORIDA	4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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: *Larissa Manis* *Secy* *4/20/95*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #