

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F81529** (2)
1. Corporation Name
LILIA'S BEAUTY CORPORATION

Principal Place of Business Mailing Address
8259 S.W. 124TH STREET MIAMI FL 33156-5957

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/10/1982** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2209428** 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 2a. Mailing Address
21 **8273 S.W. 124th Street** 26 **8273 S.W. 124th Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI, FL** 27 **MIAMI, FL**
City & State City & State
23 **33156** 28 **DADE**
Zip Country Zip Country
24 **DADE** 29 **33156** 30 **DADE**

9. Name and Address of Current Registered Agent
CARMONA, JORGE
8735 S.W. 52ND STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent
B1 Name **LILIA CARMONA**
B2 Street Address (P.O. Box Number is Not Acceptable) **8735 S.W. 52nd Street**
B3
B4 City **MIAMI, FL** B5 Zip Code **33165**

11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, I, **LILIA CARMONA**, a 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 *Lilia Carmona* DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, LILIA	1.2 NAME	
STREET ADDRESS	8735 S.W. 52ND STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33125	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, JORGE	2.2 NAME	
STREET ADDRESS	8735 S.W. 52ND STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33165	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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 report is voluntarily furnished and is true and correct for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is a supplement to the information reported in the last annual report 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 as named, or on an attachment with an address.

SIGNATURE: *Lilia Carmona* DATE **2 12 95 3 05 2 53 80 45**