

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Meador
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F81529** (2)

1. Corporation Name
LILIA'S BEAUTY CORPORATION

Principal Place of Business
8273
7273 SW 124TH STREET
MIAMI FL 33156-5957
US

Mailing Address
8273 SW 124TH STREET
MIAMI FL 33156-5957
US



21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
8273 SW 124TH ST.					8273 SW 124TH STREET				
MIAMI, FL.					MIAMI FL 33156-5957				
33156					US				
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				

3. Date Prepared or Qualified	3a. Date of Last Report
05/10/1982	03/27/1995
4. FEIN Number	Applied For
59-2209428	Not Applicable
5. Certificate of Status Delivered	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CARMONA, LIDIA
8735 SW 52 STREET
MIAMI FL 33165

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 607.001(2) and 607.001(3), 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. Said change was authorized by the corporation's board of directors. I hereby attest the appointment as registered agent. I am familiar with and accept the obligations of, Section Four, Chapter 607, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS
NAME	<input type="checkbox"/> DELETED
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> DELETED
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> DELETED
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> DELETED
STREET ADDRESS	
CITY, STATE, ZIP	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this report is true and correct and that I am an officer or director of the corporation. I am a resident of the State of Florida and I am familiar with and accept the obligations of, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached document when applicable.

SIGNATURE: *Lidia Carmona*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

305-2538045

CR2E034 (12/95)