FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

18335 NW 7TH AVE

NAME:

TITLE NAME

Dille

NAVE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CHY-SY-ZP

001Y: \$1-7k*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H42520

(7)

Mailing Address

SHIRLEY GIBSON

CHANTE BEAUTY SUPPLY, INC.

251 NW 196TH ST Miami FL 33169 US		251 NW 196TH ST MIAMI FL 33169-3219			Date Incorporated or Qualified 02/13/1985	Sa. Date of Last Report 08/05/1996			
2. Principa' Place of Business 2a, Mailing Address						4. FEI Number		Aj	pplied For
21 1763	5NW27Ave	26				59-2472363		No	ot Applicable
Suite. Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Sta 23 <i>M I P</i>	·	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 33	Country 25 , U.S.A.	Zip 29	30 Coul	ntry			Yes [] No	. 199.032,
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
GIBSON, SHIRLEY 251 NW 196TH STREET MIAMI FL 33169				82 Street Address (P.O. Box Number is Not Acceptable) 83					
				84 Cit	У		FL	85 Zip	Code
office or agent. I a	to the provisions of Sections 607,0502 registered agent, or both, in the State are familiar with, and accept the obligations of the colling o	2 and 607.1508, Florida Statut of Florida. Such change was tions of, Section 607.0505, Fl	tes, the ab authorized lorida Stati	ove-nar by the ites.	ned corpo corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of of the appo	changing i sintment as	ts registered registered
SIGNATURE	Signature, hyperdiculpraced name plinegistered agen	n and title if applicable. (NOT	TE Registered	Apent sign	ature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TILE	P	DELETE	1.1 7)1	LE				Change	Addition
NAME	GIBSON, SHIRLEY		1.2 NA	ME	1				
STREET ADORESS	251 NW 196TH ST		1.3 ST	REET AODR	SS				
011) - \$1 - ZIP	MIAM) FL		1.4 CIT	4 CITY - ST - ZIP					
TIFLE	STD DELETE 2		2.1 T/T	TITLE				Change	Addition
NAME	GIBSON, SHIRLEY		2.2 NA	ME	ļ				
STREET ADDRESS	251 NW 196TH ST		2 3 S7	REET ADDA	ess (
CITY-SI-ZIP	MIAMI FL		2 4 CI	fy-st-zip					
1 111		☐ DELETE	3.1 111	L€	1			Change	Addition
NAME			3.2 NA	ME	ł				
STREET ADDRESS			3.3 ST	REET ADDR	SS				
0/TY-ST-2/P			3 4. C	TY-ST-ZIP					
Title f		DELETE	4.1 Tif	LE	7			Change	Addition

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 if changed, or on an attachment with an address.

4. 2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

44 CITY - ST - ZIP

11 -1 01-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4/24/97 305-622-8333

☐ Change

Change

Addition

Addition

FILED

May 05 1997 8:00am

Secretary of State