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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **J72384** **(7)**

1. Corporation Name
**PAUL TRIANA SALONS II, INC.**

Principal Place of Business
**1471 NORTH PALM AVE.**
**PEMBROKE PINES FL 33026-3228**

Mailing Address
~~1471 NORTH PALM AVE.~~
~~PEMBROKE PINES FL 33026-3228~~

3. Date Incorporated or Qualified: **05/12/1987**
3a. Date of Last Report: **04/20/1996**

2. Principal Place of Business
21 Paul Triana Salons II, Inc
Suite, Apt. #, etc.
22 6406 Saranac Cr
City & State
23 Davie, Florida
24 Zip 33331
25 Country USA

2a. Mailing Address
26 Paul Triana Salons II, Inc
Suite, Apt. #, etc.
27 6406 Saranac Cr.
City & State
28 Davie, Florida
29 Zip 33331
30 Country USA

4. FEI Number: **59-2807806** ☐ 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

9. Name and Address of Current Registered Agent
**LOMBARDO, PAUL**
**1471 N PALM AVE**
**PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent
81 Name: Robert Marconi
82 Street Address (P.O. Box Number is Not Acceptable): 13320 SW 128th Street
83
84 City: Miami FL
85 Zip Code: 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.150B, 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] (NOTE: Registered Agent signature required when reinstating) DATE: 3/18/97

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PST | ☐ DELETE |
| NAME | LOMBARDO, PAUL C. | |
| STREET ADDRESS | 1471 NORTH PALM AVE. | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | V | ☐ DELETE |
| NAME | LOMBARDO, TRIANA L. | |
| STREET ADDRESS | 1471 NORTH PALM AVE. | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | PST | ☑ Change ☐ Addition |
| 1.2 NAME | Lombardo, Paul C | |
| 1.3 STREET ADDRESS | 6406 Saranac Cir | |
| 1.4 CITY-ST-ZIP | Davie, FL 33331 | |
| 2.1 TITLE | V | ☑ Change ☐ Addition |
| 2.2 NAME | Lombardo, Triana L | |
| 2.3 STREET ADDRESS | 6406 Saranac Cir | |
| 2.4 CITY-ST-ZIP | Davie, FL 33331 | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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.

**SIGNATURE:** [signature] Triana L. Lombardo V.P. 3/4/97 (954) 430-0903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #