FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

A.C.U. BEAUTY SPECIALISTS, INC.

FILED Apr 13 1998 8:00am Secretary of State



270 State 270 State 271 State 272 State 273 State 274 State 275 State 275 State 276 State 277 State 277 State 278 State 279 State 270 State 270 State 270 State 270 State 270 State 270 State 271 State 270 State 271 State 271 State 271 State 272 State 273 State 273 State 274 State 275 State 275 State 276 State 277 State 277 State 277 State 278 State 279 State 270 St	Principal Place	e of Business	Mailing Address								
Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For School Place Not Applied For School Plac	2750 SW 87 / SUITE 202	AVENUE	2750 SW 87 AVENUE SUITE 202			DO NOT WRITE IN	N THIS SPA	ĈE_	-		
2. Principal Place of Business 2a. Majing Address 4. FEI Number Applied For Study Application 28 Study Applied For Study Application Study Application							•				
Sulle, Apt #, etc. Sulte, Ap	2. Principal P	lace of Business	2a. Mailing Address					•	I A	oplied For	
City & State 27			-4-4				65-0077387	Not Applicable			
28 Country Zip Country Zip Country Zip Country Zip R. This corporation owes or has paid the current plant intangible Personal Property Fax due June 30. Dive Intangible No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 2750 SW 87 AVENUE 2202 MAMIF FL 33165 Signature 2750 SW 87 AVENUE 2702 MAMIF FL 33165 Signature 2750 SW 87 AVENUE 2702 MAMIF FL 33165 Signature 2750 SW 87 AVENUE 2702 MAMIF FL 33165 Signature 2750 SW 87 AVENUE 2750 SW	22		27				5. Certificate of Status Desired	Fee Required			
20							_ ;				
25		Country		Count	rv		·				
ARANGO, NELIDA 2750 SW 67 AVENUE 202 MIAMI FL 33165 10		_ ′	⊢	h	,		1			_ ~	
2750 SW 87 AVENUE #202 MIAMI FL 33165 82 Street Address (P.O. Box Number is Not Acceptable) #204 #205 MIAMI FL 33165 84 City #20 Code #207 #20 Code #20 Code #207 #20 Code #207 #20 Code #20		9. Name and Address of Curren	t Registered Agent								
#202 MIAMI FL 33165 #3 City FL 85 Zip Code #1. 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 agent, or both, in the State of Florida. Such change was submored by the corporation's board of directors. I hereby accept the appointment as registered agent agent are marrial with, and except the obligations of, Section 607.6506, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered segment agent are for agent age	AR	ANGO, NELIDA		8	1	Name					
MIAMI FL 33165 83				82 Street Ad		Street Addre	ss (P.O. Box Number is Not Acceptable)			
31. 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 list 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, 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, but and accept the obligations of Section 607 0505, Florida Statute's. SIGNATURE Signature, hyred or printed name of registered agent agent the flee spicifically. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDS				<u> </u>			· · · · · · · · · · · · · · · · · · ·				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of, Section 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent a	MIA	MI FL 33103		L	l						
Agent I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes SignATURE SignAture byted or preint name of registered Agent and the P equitions				la la	4	City		FL 8	S Zip	Code	
TILE PDS DELETE 1.1 TITLE NAME ARANGO, NELIDA 2750 SW 87 AVENUE #202 MIAMI FL TITLE NAME 2750 SW 87 AVENUE #202 MIAMI FL TITLE NAME 2.2 TITLE NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.1 TITLE NAME 3.1 TITLE NAME 3.2 TITLE NAME 3.2 TITLE NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 TITLE NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.2 TITLE NAME 5.2 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addit	agent. I at SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, I	tutes, the abo s authorized Florida Statut	by tes.	named corpo the corporatio	oration submits this statement for the pur on's board of directors. I hereby accept t	pose of cha the appoint	inging it nent as	s registered registered	
TITLE					geni	signatura required			COTO	O IA I 40	
NAME ARANGO, NELIDA 12 NAME 13 STREET ADDRESS CITY-ST-ZIP	·						ADDITIONS/CHANGES TO OFFICE				
2750 SW 87 AVENUE #202 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP									Unungo	L Hoditon	
CITY-ST-ZIP MIAMI FL	STREET ADDRESS	•				DORESS					
NAME 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 27 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 34 CITY-ST-ZIP 35 STREET ADDRESS 35 STREET ADDRESS 36 CITY-ST-ZIP 37 NAME 37 NAME 37 NAME 38 NAME 38 NAME 39 NAME 39 NAME 39 NAME 39 NAME 39 NAME 30	CITY-ST-ZIP	MIAMI FL									
23 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE		☐ DELETE				,		Change	Addition	
CRITY-ST-ZIP	NAME			2.2 NAM	E						
TITLE	STREET ADDRESS			2.3 STRE	ET AI	DORESS					
NAME				_		- ZIP					
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS 3.5 STREET ADDRESS 3.6 S			L_ DELETE						Change	Addition	
DELETE DELETE A1 TITLE Change Addition											
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME TITLE CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition NAME DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition	· ·										
NAME			□ nei ete			-ZIP			Channa	Addition	
STREET ADDRESS	Į.		- Occur					, Ц	Auto i Re	ווטוויטטא 🗀	
Addition						DOBESS					
TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME 5.2 NAME Factor ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition											
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	+		☐ DELETE			-			Change	Addition	
CTTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE □ Change □ Addition	HAME			5.2 NAMI	E						
TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS			5.3 STRE	ET AL	DDRESS					
	CITY-ST-ZIP			5.4 CITY	- 51-	ZIP					
NAME 62 NAME	TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition	
	NAME			6.2 NAMI	E						
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STRE	et ai	DORESS					
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florids Statutes, 1 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.