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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

K65377

(9)

EXPERTISE BEAUTY SUPPLY DISCOUNT & NAIL SALON, I NC.

FILED Apr 13 1998 8:00am Secretary of State



			···					
Principal Place of Business Mailing Address								
7364 SW 57 AVE 7364 SW 57 AVE 8OUTH MIAMI FL 33143 SOUTH MIAMI FL 33143								
BOUTH MIAN	II FL 33143	SOUTH MIAMI PL 3319	SOUTH MIAMI FL 33143			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						02/07/1989		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0149720		ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional lequired
City & Stat	е	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	7 ₁ p	·			8. This corporation owes or has paid the current year Intangible		
24	25 29 30 9. Name and Address of Current Registered Agent		[30]	1		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
ļ <u>-</u> -		Current Registered Agent		81	Name	10. Name and Address of New Register	ea Agent	
	LAVE, WILLIAM							
	805 SW 82ND ROAD Ami Fl 33156		1	82 Street Address (P.O. Box Number is Not Acceptable)				
			[4	83				
].			1	84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508. Florida Sta	tutes, the ab	L ove-	-named corr			its registered
office or r agent. I a	egistered agent, or both, in the manual manual metagent the manual manual metagent the manual metagent the manual metagent the manual metagent the manual metagent me	State of Florida. Such change was obligations of Section 607.0505,	s authorized Florida Statu	by t	the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as	s registered
SIGNATURE								
12,	Signature typed or protect name of regul	RS AND DIRI CTORS	OTE Registered	Ageni	t signature requir	red when re-instating) DA ADDITIONS/CHANGES TO OFFICERS		DS IN 12
TITLE	PT	DELETE	1.1 Tift	F	1	ADDITIONS/CHANGES TO CITICEITS	Change	Addition
NAME	MALAVE, WILLIAM		1.2 NAM				23	
STREET ADDRESS	7364 SW 57 AVE				ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CH		1			
TITLE	\$	DELETE	21 TITL		-		☐ Change	☐ Addition
NAME	MALAVE, MARIA		22 NAA	ИE				
STREET ADDRESS	7364 SW 57 AVE		23 STR	IEET A	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CIT	Y-\$1	r-ZIP			
TITLE			3.1 TITL				Change	Addition
NAME			3.2 NAN	ΛE				
STREET ADDRESS			3.3 STR	EET A	ADDRESS			İ
CITY+S1-ZIP	_		3.4. CIT	Y- ST	1- ZIP			
TITLE	DELETE 4.1		4.1 TOL	.6			☐ Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET A	ADDRESS			
CITY-S1-ZIP			4.4 City	Y - ST -	- Z(P			
TITLE		☐ DELETE	DELETE 5.1 TIT				☐ Change	Addition
NAME			5.2 NAN	NE				
STREET ADDRESS			5.3 S1R	EE1 A	ADDRESS			
CHY-ST-ZIP			5.4 CITY	Y-ST-	- ZIP			
TITLE		☐ DELETE	6.1 T(TL	.E			☐ Change	Addition
NAME			6.2 NAN	ΛE				
STREET ADDRESS			6.3 SIR	EET A	NDDRESS			
CITY-ST-ZIP			6.4 C(1)					
MA Lborobu e	sortification the information owner	lied with this bling door not qualify	for the ever	andia	on stated in	Section 110 07/3\(ii) Florida Statutos I furtho	ar cortify that the	a information

Thereby certify that the information supplied with this intig doos not quality for the exemption stated in Section 119.07(3)(f). 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 this 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 attaction with an address.

2-4-98

552-4222