

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # M21231

(9)

95 MAY - AM 11:23

1. Corporation Name

THE HENRY BYRON CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

D/B/A THE PERFECT TOUCH
13615 SOUTH DIXIE HWY. #118
MIAMI FL 33176

Mailing Address

D/B/A THE PERFECT TOUCH
13615 SOUTH DIXIE HWY. #118
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1985

3a. Date of Last Report

08/31/1994

4. FEI Number

59-2587852

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**

9. This corporation has liability for intangible tax under § 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CUTLER, MARITZA
845 NE 85 ST.
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name

EDDIE L. ESTES JR.

82 Street Address (P.O. Box Number is Not Acceptable)

17000 SW 108 COURT

83

84 City

MIAMI,

85 Zip Code

FL

86 Zip Code

33157

11. 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 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

Eddie L. Estes Jr., **EDDIE L. ESTES JR., ST**

APRIL 25, 1995

DATE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUTLER, MARITZA
STREET ADDRESS	845 NE 82 ST.
CITY - ST - ZIP	MIAMI FL 33138
TITLE	V
NAME	ESTES, JEAN
STREET ADDRESS	17000 SW 108 CT.
CITY - ST - ZIP	MIAMI FL 33157
TITLE	ST
NAME	ESTES, EDDIE L. JR.
STREET ADDRESS	17000 SW 108 CT.
CITY - ST - ZIP	MIAMI FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Eddie L. Estes Jr., **EDDIE L. ESTES JR.**

APRIL 25, 1995

(305) 378-1043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Signature (Print Name)