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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| THE HENRY BYRON CORPORATION Principal Prace of Business D/B/A THE PERFECT TOUCH 13615 SOUTH DIXIE HWY. #116 MIAMI FL 33176 MIAMI FL 33176 MIAMI FL 33176-7254 | | | | | | | |
|---|--|--|--|--|--|---------------------------------------|--|
| | , - | | | | 3, Date Incorporated or Qualified 09/30/1985 | 3a. Date of L 05/01/19 | |
| · | Place of Business | 2a. Mailing Address | | | 4. FEI Number 59-2587852 | | Applied For |
| Suite, Ap | it.#, etc | 26 Suite, Apt. #, etc. | | - | | | Not Applicable 75 Additional |
| 22 | · · · · · · · · · · · · · · · · · · · | 27 | | | 5. Certificate of Status Desired | 4 1 7 | ee Required |
| City & St | afe | City & State | | | 6. Election Campaign Financing | | .00 May Be |
| 23 Zip | Country | Zip | Cou | ntry | Trust Fund Contribution 8. This corporation has liability for it | | ded to Fees |
| 24 | 25 | 29 | 30 | , | | Yes No | OEI 6. 133.002, |
| | 9. Name and Address of Curr | | | | 10. Name and Address of New Re | gistered Agent | |
| ES | STES, EDDIE L. JR. | | | 81 Name | | | |
| 17000 SW 108 COURT | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33157 | | |] | | | · · · · · · · · · · · · · · · · · · · | |
| | | | ļ | 63 | | | |
| | | | İ | 84 City | | FL 85 | Zip Code |
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| SIGNATURE | So, which types or printed harve of registered | | | | orporation submits this statement for the partion's board of directors. I hereby acception when reinstaling) | DATE | |
| | Signature types or priced name of registered OFFICERS A | agent and titlo if applicable (F | VOTE: Registered | Agent signature req | | DATE ERS AND DIRE | CTORS IN 12 |
| 12. Tifle | Signature types or printed hand of registered OFFICERS A | agent and titlo if applicable (f | VOTE: Registered 13. | Agent signature req | guired when reinstating) | DATE | CTORS IN 12 |
| 12. TIFLE NAME | OFFICERS A P CUTLER, MARITZA | agent and titlo if applicable (F | 1.1 TIT | Agent signature req LE | guired when reinstating) | DATE ERS AND DIRE | CTORS IN 12 |
| 12. THEF NAME STREET ADORES! | OFFICERS A P CUTLER, MARITZA 389 SW 192 AVE | agent and titlo if applicable (F | NOTE: Registered 13. 1.1 TiT 1.2 NA 1.3 ST | Agent signature req LE ME REET ADDRESS | guired when reinstating) | DATE ERS AND DIRE | CTORS IN 12 |
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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.

6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET AERORESS

ESTES Jr.
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

705-253-4210 Daytime Phone #

FILED

May 07 1997 8:00am

Secretary of State

0239628