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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M21231

(9)

THE HENRY BYRON CORPORATION

FILED May 04 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address								. 41614 61611 6161	i) minit cant	
D/B/A THE PERFECT TOUCH D/B/A THE PERFECT TOUCH										
13615 SOUTI MIAMI FL 33	H DIXIE HWY. #116	13615 SOUTH DIXIE HWY. #116 MIAMI FL 33176				DO NOT WRITE IN THIS SPACE				
1	.,,	MICHIE SSITE	ATTION IS BUILD			3. Date Incorporated or Qualified				
						09/30/1985				
	lace of Business	2s. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26				59-2587852		No	ot Applicable	
Sune, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22		27						Fee Re		
City & Stat	6	City & State	├ ┐ '			6. Election Campaign Financing		\$5.00		
Zip	Country		D Country			Trust Fund Contribution	-1	Added (
24	<u></u>	25 29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No					
	9. Name and Address of Curr	11	<u></u>		· · · · · ·	10. Name and Address of New R				
FS	TES, EDDIE L. JR.			B1	Name					
17000 SW 108 COURT				92	Charl Addro	ess (P.O. Box Number is Not Accepta	hla)			
MIAMI FL 33157				2	Street Addre	ses (P.O. Box Number is Not Accepta	ible)			
				B3						
				84	City		FL	85 Zip (Code	
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 Signature, typed or printed name of registered agent and till ill applicable (NOTE Registered Agent signature regulated when reinstalling) DATE										
12.		ND DIRECTORS	13.	- South	BigHattire rectoire	ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12	
TITLE	Р			1.1 TITLE				☐ Change	Addition	
NAME	CUTLER, MARITZA		1.2 NAM						[
STREET ADDRESS	000 0141 400 415		1.3 STRE	1.3 STREET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY	1.4 CITY-ST-ZIP]	
TITLE	V	DELETE 2.1T		E				Change	☐ Addition	
NAME			2.2 NAM	2.2 NAME					i	
STREET ADDRESS	17000 SW 108 CT.		2.3 STREET ADDRESS		DORESS					
CITY-ST-ZWP	MIAMI FL 33157			2. 4 CITY-ST-ZIP						
TITLE			3.1 TITL	3.1 TITLE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS	INALW PLACES			3.3 STREET ADDRESS					İ	
CITY-ST-ZIP	MIAMI FL 33157			Y · ST-	ZIP			Change	Addition	
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NAME STREET ADORESS			4. 2 NAN		nnaree					
STREET ADDRESS CITY-ST-ZIP			4.3 STREET 4.4 CiTY-S		l l					
TITLE		DELETE	4.4 CHY-S 5.1 TITLE		<u></u>			Change	Addition	
NAME		- ·	5.2 NAME					. •		
STREET ADDRESS	I		5.3 STRE		DORESS	•				
CITY-ST-ZIP		• •		5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAM	1E	ļ				į	
STREET ADDRESS			6.3 STRE	EET AC	DDAESS				}	
CITY-ST-ZIP			6.4 CITY							
14. I hereby o	ertify that the information supplied	with this filling does not qualify for	the exem	notio	on stated in S	Section 119.07(3)(i). Florida Statutes.	I further ce	rtify 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 frustee 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: Colle L. Cater S.

Eddie 4. Estes Jr.

305-253-4210