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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90205 039 ***150.00

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DOCUMENT # **M21231**

1. Corporation Name
THE HENRY BYRON CORPORATION

Principal Place of Business	Mailing Address
D/B/A THE PERFECT TOUCH 13615 SOUTH DIXIE HWY. #116 MIAMI FL 33176	D/B/A THE PERFECT TOUCH 13615 SOUTH DIXIE HWY. #116 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/30/1985
4. FEI Number: 59-2587852 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ESTES, EDDIE L. JR.
17000 SW 108 COURT
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	CUTLER, MARITZA		1.2 NAME	Jean Estes	
STREET ADDRESS	369 SW 192 AVE		1.3 STREET ADDRESS	17000 SW 108 CT.	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	Miami, FL. 33157	
TITLE	V	☐ DELETE	2.1 TITLE	V, S, T	☒ Change ☐ Addition
NAME	ESTES, JEAN		2.2 NAME	Eddie L. Estes Jr.	
STREET ADDRESS	17000 SW 108 CT.		2.3 STREET ADDRESS	17000 SW 108 CT.	
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	Miami, FL. 33157	
TITLE	ST	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ESTES, EDDIE L JR.		3.2 NAME	Maritza Cutler	
STREET ADDRESS	17000 SW 108 CT.		3.3 STREET ADDRESS	369 SW 192 Ave	
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Eddie L. Estes Jr. — 4-30-99 — 305-253-4210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)