

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 PM 12:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # M52073 (7)**

1. Corporation Name  
**TRITON BEAUTY SALON, INC.**

Principal Place of Business  
**2775 COLLINS AVE., #6  
MIAMI BEACH FL 33140-4405**

Mailing Address  
**2775 COLLINS AVE., #6  
MIAMI BEACH FL 33140-4405**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/13/1987** 3a. Date of Last Report **10/07/1994**

4. FEI Number **59-2819494** 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 Ch. 192.009, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**8. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ALVAREZ, ALEIDA  
2775 COLLINS AVE., #6  
MIAMI BEACH FL 33140**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 title if applicable

NOTE: Registered Agent signature required when registering

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **PD**  
NAME **ALVAREZ, ALEIDA**  
STREET ADDRESS **9164 FROUDE AVE**  
CITY - ST - ZIP **MIAMI BEACH SURFSIDE FL 33154**

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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  
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4 1 TITLE  Change  Addition  
4 2 NAME  
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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 as changed, or on an attachment with an address.

**SIGNATURE:** *Aleida Alvarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR