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Apr 23 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M52073 (7)</b> 1. Corporation Name <b>TRITON BEAUTY SALON, INC.</b>					
Principal Place of Business <b>2775 COLLINS AVE., #6 MIAMI BEACH FL 33140-4405</b>			Mailing Address <b>2775 COLLINS AVE., #6 MIAMI BEACH FL 33140-4405</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
9. Name and Address of Current Registered Agent <b>ALVAREZ, ALEIDA 2775 COLLINS AVE., #6 MIAMI BEACH FL 33140</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: <i>Aleida Alvarez</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS TITLE: <b>PD</b> [ ] DELETE NAME: <b>ALVAREZ, ALEIDA</b> STREET ADDRESS: <b>9164 FROUDE AVE</b> CITY-ST-ZIP: <b>MIAMI BEACH SURFSIDE FL 33154</b> [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE			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 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 or changed, or on an attachment with an address. SIGNATURE: <i>Sandra Northam</i> 4-10-98 305-5317917 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0199526					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/13/1987</b>	
4. FEI Number <b>59-2819494</b>	Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ]	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution [ ]	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No	

CR2E034 (10/97)