

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009581 (8)

1. Corporation Name

SOFT & SILKY BEAUTY SALON, INC.

Principal Place of Business

8880 N.W. 7TH AVE.
MIAMI FL 33147

Mailing Address

8880 N.W. 7TH AVE.
MIAMI FL 33147

600001482616

-05/10/95--01060--017

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

07/22/1994

4. FEI Number

65-0404389

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

6. This Corporation has voluntarily not a corporation tax under Chapter 193, Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 8880 N.W. 7th Ave

2a. Mailing Address

26 Soft & Silky

22 Miami FL

27 8880 N.W. 7th Ave

23 City & State

28 Miami FL 33051

24 Dade

29 33051

30 Dade

9. Name and Address of Current Registered Agent

DADE COUNTY
402 N.W. 4TH ST.
MIAMI FL 33009

Mary Thomas
5201 Flagler St.
Hollywood FL 33021

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 certifies this statement for the purpose of changing its registered office or registered agent, in 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

Mary Thomas

By _____ Agent (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY

12.4 STATE

12.5 ZIP

12.6 TITLE

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY

12.10 STATE

12.11 ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY

12.16 STATE

12.17 ZIP

12.18 TITLE

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY

12.22 STATE

12.23 ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY

12.28 STATE

12.29 ZIP

12.30 TITLE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY

13.4 STATE

13.5 ZIP

13.6 TITLE

13.7 NAME

13.8 STREET ADDRESS

13.9 CITY

13.10 STATE

13.11 ZIP

13.12 TITLE

13.13 NAME

13.14 STREET ADDRESS

13.15 CITY

13.16 STATE

13.17 ZIP

13.18 TITLE

13.19 NAME

13.20 STREET ADDRESS

13.21 CITY

13.22 STATE

13.23 ZIP

13.24 TITLE

13.25 NAME

13.26 STREET ADDRESS

13.27 CITY

13.28 STATE

13.29 ZIP

13.30 TITLE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193.01(1)(b), Florida Statutes. I further certify that the information is correct as of the date of this filing and that I am not aware of any change in the information or that the information is true and correct as of the date of this filing. I am not aware of any change in the information or that the information is true and correct as of the date of this filing. I am not aware of any change in the information or that the information is true and correct as of the date of this filing.

SIGNATURE:

Mary Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95 305/885

835 6

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