

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

pg. 1

97 SEP 25 AM 11:25

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 33150-2304

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
02/04/1993

3a. Date of Last Report  
04/25/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, MARY  
5201 FLAGLER ST.  
HOLLYWOOD FL 33302

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME THOMAS, DORENE S  
STREET ADDRESS 2412 WILEY ST  
CITY - ST - ZIP HOLLYWOOD FL

TITLE VD  
NAME BANKSTON, DIANE  
STREET ADDRESS 6287 N.W. 8TH CT.  
CITY - ST - ZIP HOLLANDALE FL 33009

TITLE PD  
NAME THOMAS, MARY  
STREET ADDRESS 5201 FLAGLER ST.  
CITY - ST - ZIP HOLLYWOOD FL 33021

TITLE  
NAME Brenda M. Thomas  
STREET ADDRESS Candler P.O. Box N/A  
CITY - ST - ZIP Hollandale Fla. 33009

TITLE  
NAME 628 N.W. 9th St.  
STREET ADDRESS Hollandale Fla.  
CITY - ST - ZIP 33009

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 100002306961--9  
1.4 CITY - ST - ZIP -09/29/97--01188--012  
\*\*\*\*165.00 \*\*\*\*165.00

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 do 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.

CR2E034 (9/96)

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So when it may concern  
I'm Very Sorry I'm late with  
my corporation fee. but I've  
had severe break in and been  
Rob. alot. I just didn't have  
the Money. also I been ill  
for a while. so again I'm  
Very Sorry Thank you.

Mary Thomas  
Soft & Silky B. Salon