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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:27

DOCUMENT # P93000011418 (9)

1. Corporation Name
BEAUTY WORLD SUPPLY, INC.

Principal Place of Business	Mailing Address
2508 N. 60TH AVE. HOLLYWOOD FL 33021	2508 N. 60TH AVE. HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 9421 Evergreen Place APT 306
27 FORT LAUDERDALE, FLORIDA
28 33324
29 Zip
30 Broward Country

4. FEI Number: 65-0406831 ☐ 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

MILAZZO, SAL V
2508 N. 60TH AVE.
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name: GUADALUPE MEDINA
82 Street Address (P.O. Box Number is Not Acceptable): 2508 N. 60TH AVENUE
83
84 City: HOLLYWOOD 85 FL Zip Code: 33021

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] GUADALUPE MEDINA SECRETARY FEBRUARY 2, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILAZZO, SAL V	12 NAME	
STREET ADDRESS	2508 N. 60TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MILAZZO, LETICIA	22 NAME	
STREET ADDRESS	2508 N. 60TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	24 CITY-ST-ZIP	SECRETARY
TITLE	S	31 TITLE	GUADALUPE MEDINA ☐ Change ☒ Addition
NAME		32 NAME	2508 N. 60TH AVENUE
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	HOLLYWOOD, FLA 33021
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Sal V. Milazzo SAL V. MILAZZO 2/2/95 (305) 966-5998
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Title — Daytime Phone #

0003076 CP