

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000011418 (9)**

1. Corporation Name

BEAUTY WORLD SUPPLY, INC.



Principal Place of Business

**2508 N. 60TH AVE.
HOLLYWOOD FL 33021**

Mailing Address

**9421 EVERGREEN PLACE
APT 306
FORT LAUDERDALE FL 33324
US**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **2508 N. 60TH AVENUE**

27 City & State

28 **HOLLYWOOD, FL**

29 Zip Country

30 **33021 USA**

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
02/09/1995

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

**MEDINA, GUADALUPE
2508 N 60TH AVE
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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature, last name, first name, middle initial, and address of the registered agent

Signature, last name, first name, middle initial, and address of the registered agent

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME **PD MILAZZO, SAL V**
STREET ADDRESS **2508 N. 60TH AVE.**
CITY-STATE-ZIP **HOLLYWOOD FL**

11.2 TITLE ☐ DELETE

NAME **ST MILAZZO, LETICIA**
STREET ADDRESS **2508 N. 60TH AVE.**
CITY-STATE-ZIP **HOLLYWOOD FL**

11.3 TITLE ☐ DELETE

NAME **S MEDINA, GUADALUPE**
STREET ADDRESS **2508 N 60TH AVE**
CITY-STATE-ZIP **HOLLYWOOD FL**

11.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☒ Change ☐ Addition

NAME **PD MILAZZO, SAL V.**
STREET ADDRESS **601 W. Lake Drive**
CITY-STATE-ZIP **Naples, Fla 33940**

13.2 TITLE ☒ Change ☐ Addition

NAME **ST MILAZZO, LETICIA**
STREET ADDRESS **601 W. Lake Drive**
CITY-STATE-ZIP **Naples, Fla 33940**

13.3 TITLE ☒ Change ☐ Addition

NAME **S. MEDINA, GUADALUPE**
STREET ADDRESS **601 W. Lake Drive**
CITY-STATE-ZIP **Naples, Fla 33940**

13.4 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.6 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.7 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)