

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

CORPORATION
 APPELLATE REVENUE
 1995



OFFICE OF SECRETARY OF STATE
 2000 BANK CENTER
 TALLAHASSEE, FLORIDA 32304-0001

APPROVED
 AND
 FILED

53 MAY -1 7 11 9:37

DOCUMENT # **P93000024802 (9)**

LILLIAN'S HOUSE OF BEAUTY INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Office Location: 21435 N.W. 2ND AVENUE MIAMI FL 33169
 Mailing Address: 21435 N.W. 2ND AVENUE MIAMI FL 33169

The First Year of the Term is 1994

2	2a	3	3a
21	26	03/31/1993	03/24/1994
22	27	4. Filer Number 65-0404167	Request For Filing Application
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		8. This corporation has held the certificate for over 12 months Filing Excluded <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRIFFITHS, LILLIAN 3960 N.W. 33RD TERRACE LAUDERDALE LAKES FL 33309		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3 City	
		B4 State	FL
		B5 Zip Code	

11. Pursuant to the provisions of Sections 600, 601, and 602, Title 69B, Florida Statutes, the above-named corporation, admits the statement for the purpose of having its registered office in the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS
 13. ADULTERALLY CONVICTED OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Add
P GRIFFITHS, LILLIAN 3960 N.W. 33RD TERRACE LAUDERDALE LAKES FL 33309					<input type="checkbox"/>	<input type="checkbox"/>
V STEER, LUCILLE 520 N.W. 199 STREET MIAMI FL 33169					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the above information is true and correct, and that the corporation is authorized to have its registered office in the State of Florida. I am a resident of the State of Florida.

SIGNATURE: *[Signature]*
 SECRETARY OF STATE