

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATE MATTERS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **P93000025197 (3)**

MLE BEAUTY SUPPLY INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8080 W. FLAGLER STREET
SUITE 2B
MIAMI FL 33144

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SUITE 2B
MIAMI FL 33144

2. Principal Office Address		2a. Mailing Address		3. Date of Incorporation (or Reincorporation)		3a. Date of Last Report	
21. 219 Miracle Mile		26. 1150 N.W. 72nd Ave.		04/06/1993		05/01/1994	
22. City & State		27. Suite 307		4. FIC Number		Approved For Not Applicable	
23. Coral Gables, Fl.		28. Miami, Fl.		65-0400062			
24. 33134		25. Dade		29. 33126		30. Dade	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARANGES, RUBEN D 8440 W. FLAGLER STREET SUITE 2B MIAMI FL 33144				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. 8440 S.W. 8th Street			
				84. City Miami FL 85. 33144			

11. Pursuant to the provisions of the laws of the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both as the State of Florida. Such change was authorized by the corporation's board of directors or by the corporation's sole member, and the appointment as registered agent is hereby accepted by the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME: MARANGES, RUBEN D		NAME: [] Change [] Addition	
STREET ADDRESS: 8440 S.W. 8TH STREET		STREET ADDRESS: [] Change [] Addition	
CITY: MIAMI		CITY: [] Change [] Addition	
STATE: FL		STATE: [] Change [] Addition	
ZIP: 33144		ZIP: [] Change [] Addition	
TITLE: [] Change [] Addition		TITLE: [] Change [] Addition	
NAME: [] Change [] Addition		NAME: [] Change [] Addition	
STREET ADDRESS: [] Change [] Addition		STREET ADDRESS: [] Change [] Addition	
CITY: [] Change [] Addition		CITY: [] Change [] Addition	
STATE: [] Change [] Addition		STATE: [] Change [] Addition	
ZIP: [] Change [] Addition		ZIP: [] Change [] Addition	
TITLE: [] Change [] Addition		TITLE: [] Change [] Addition	
NAME: [] Change [] Addition		NAME: [] Change [] Addition	
STREET ADDRESS: [] Change [] Addition		STREET ADDRESS: [] Change [] Addition	
CITY: [] Change [] Addition		CITY: [] Change [] Addition	
STATE: [] Change [] Addition		STATE: [] Change [] Addition	
ZIP: [] Change [] Addition		ZIP: [] Change [] Addition	
TITLE: [] Change [] Addition		TITLE: [] Change [] Addition	

14. I, the undersigned, certify that the information supplied with this filing is a true and correct statement of the facts as they exist on the date of filing. I am a duly qualified officer or director of the corporation and I am authorized to execute this statement. I understand that any false statement made in this filing is a crime under the laws of the State of Florida and may result in the revocation of my qualification to act as an officer or director of the corporation.

SIGNATURE: *[Signature]* Ruben D. Maranges 4/4/95 369-6805