

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

DOCUMENT # P93000080171

1. Corporation Name

CLINIC OF BEAUTY OF SOUTH FLORIDA, INC.

Principal Place of Business

6 E MOWRY DRIVE
HOMESTEAD FL
33030

Mailing Address

6 E MOWRY DRIVE
HOMESTEAD FL
33030

APPROVED
AND
FILED
95 JUN 23 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001522982

-06/26/95--01041--023

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

4. FEI Number

65-0456431

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

ANTHONY BERNARD
16201 S.W. 95 AVE.
SUITE 109
MIAMI FL 33157

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 fee if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME YOLETTE EUGENE
STREET ADDRESS 220 N.E. 12 AVE LOT 136
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VP
NAME DUVILSON EUGENE
STREET ADDRESS 220 N.E. 12 AVE. LOT 136
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME YOLETTE EUGENE
1.3 STREET ADDRESS 15520 S.W. 300 ST
1.4 CITY-ST-ZIP LEISURE CITY FL 33033

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME DUVILSON EUGENE
2.3 STREET ADDRESS 15520 S.W. 300 ST
2.4 CITY-ST-ZIP LEISURE CITY FL 33033

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DUVILSON EUGENE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR