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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000081525 (6) **DOCUMENT** # 1. Corporation Name

NEW CREATIONS BEAUTY SALON, INC.



Principal Place of Business Mailing Address 20426 BISCAYNE BLVD NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180					i 1881/1881 trà ibias inin serii den	* ****************	.W: 11501 6161	in 11451 9111 1261	
NORTH MIAMI	BEACH FL 33180	NOTE OF	AMI DENON	112 33100		3. Date Incorporated or Qualified 11/29/1993	3a. Date	of Last Re 5/01/19	
2. Principal Plac	e of Business	2a. Mailing Ad	ddress			4. FEI Number		- II	Applied For
1		26				65-0456110			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt	t #, etc.			5. Certificate of Status Desired			Additional Required
City & State		27 Orty & Sta				6. Election Campaign Financing			D May Be
3		28	,			Trust Fund Contribution		+-	d to Fees
Ζιρ	Country	Zip		Country		8. This corporation has liability for		cunder s	199.032,
4	25	29		30		Florada Statutes K Yes 10. Name and Address of New F	□ No	\ aont	
	9. Name and Address of Cur	rent Registered Age	nt	81	Name	10. Name and Address of New H	registered A	igent	
				[8]					
GENTILE		82 Street Add		dress (P.O. Box Number is Not Acceptable)					
20426 B				<u> </u>				****	
NORIH	MIAMI BEACH FL 33180			84	City			85 Zı	p Code
					,	ration submits this statement for the pu	FL		
12.		AND DIRECTORS	DELETE	13. 1.13008	T	ADDITIONS/CHANGES TO OF		DIRECTO Director	DRS IN 12 Addition
SIGNATUREs	ignature, typed or printed harve of required a			Pt Frequencial Age	of sureque teacher		DATE CEDS AND	DIDECTO	CLIAL 200
TITLE	P		DELETE						
NAME	GENTILE, MARIO	_		1.2 NAME					
STREET ADDRESS	20426 BISCAYNE BLVD			13 STREE	1 ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FI	33180		14 Cil Y -	S'-7-P				
TITLE	S		DELETE	2 1 THUE				Change	Addition
NAME	LEIBOVICH, MALKA			2.2 NAME					
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NAME				3.2 NAME	i				
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NAME					ET ADIEMESS				
STREET ADDRESS				4.4 Cliv	1				
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NAME		L		5.2 NAME					
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				5.4 CiTY					
CITY-ST-ZIP TITLE			DECETE	5 1 IIILI]	Change	Addition
NAME		<u> </u>		6.2 NAMI	·				
STREET ADDRESS	16			•	ET ADDRESS				
CITY-ST-ZIP				6400	-S1-716				
G11-5-21	L	Local courts their filmer as a	al autorily for	wichout and do	vae nat auslifi	for the exemption stated in Section 11	9.07(3)(k), Ek	orida Stati	utes. I further

I do hereby certify that the information supplies with this hing is voluntarily furnished and does not quality for the exemption stated in Section 119,07(5)(ii), Florida Statutes, Florida certify that the information indicated on this annual report or suppliemental 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 Pie 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.

MULO LE LE SIGNATURE AND TYPED OF REINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/29/96

(305)936-1300