

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Constance B. Marquez
Secretary of State
EXCELSIOR CORPORATION

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086040 (1)

1. Corporation Name

LINDA'S BEAUTY SALON, INC.

Business Name or Fictitious	Mailing Address
2460 SOUTH WEST EIGHT ST. MIAMI FL 33135	2460 SOUTH WEST EIGHT ST. MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

2. Name & Address of Officers	26. Mailing Address	3. Date Incorporated or Organized	3a. Date of Last Report
21. <input type="checkbox"/> State App. to Off.	26. <input type="checkbox"/> State App. to Off.	12/16/1993	06/07/1994
22. <input type="checkbox"/> City & State	27. <input type="checkbox"/> City & State	4. EIN Number	<input type="checkbox"/> Applied For 65-0455655 <input type="checkbox"/> Not Applicable
23. <input type="checkbox"/> Country	28. <input type="checkbox"/> Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. <input type="checkbox"/> 25. <input type="checkbox"/> Country	29. <input type="checkbox"/> Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	30. <input type="checkbox"/> County	7. This corporation has liability for intercepting under § 199.02 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GALL, MIRTA 2460 SOUTH WEST EIGHT ST. MIAMI FL 33135	81. <input type="checkbox"/> Name 82. <input type="checkbox"/> Street Address (If C. Box # is Not Acceptable) 83. 84. <input type="checkbox"/> City FL <input type="checkbox"/> Zip Code

11. Pursuant to the provisions of Sections 787.11(a) and 607.008, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and it changes 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 607.008, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ✓
NAME TITLE/POSITION ADDRESS	✓ <input type="checkbox"/> Change <input type="checkbox"/> Addition ✓ <input type="checkbox"/> Name ✓ <input type="checkbox"/> Title/Position ✓ <input type="checkbox"/> Address ✓ <input type="checkbox"/> Name ✓ <input type="checkbox"/> Title/Position ✓ <input type="checkbox"/> Address ✓ <input type="checkbox"/> Name ✓ <input type="checkbox"/> Title/Position ✓ <input type="checkbox"/> Address ✓ <input type="checkbox"/> Name ✓ <input type="checkbox"/> Title/Position ✓ <input type="checkbox"/> Address ✓ <input type="checkbox"/> Name ✓ <input type="checkbox"/> Title/Position ✓ <input type="checkbox"/> Address ✓ <input type="checkbox"/> Name ✓ <input type="checkbox"/> Title/Position ✓ <input type="checkbox"/> Address ✓ <input type="checkbox"/> Name ✓ <input type="checkbox"/> Title/Position ✓ <input type="checkbox"/> Address ✓ <input type="checkbox"/> Name ✓ <input type="checkbox"/> Title/Position ✓ <input type="checkbox"/> Address
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14. I, hereby certify that the information supplied with this filing is voluntary, true and does not qualify for the exemption stated in Chapter 119.07(6), Florida Statutes. Further certify that the information indicated on the 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 person or person empowered to execute this report as required by Chapter 119.7, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or omitted affixed with an address.

SIGNATURE: *Mirta M. Gall* *4/12/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR