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

P93000086040 (1)

DOCUMENT # P9300086040 (1) 1. Corporation Name										
LINDA	'S BEAUTY SALON, INC	•								
Principal Place of Business Multing Address							ila Botat Abilt	BOUL BOID! IEIS DE	II OBIIL DIDI	II DON IEDI
2460 SOUTH MIAMI FL 33	I WEST EIGHT ST. 135		2460 SOUTH WEST EIGHT ST. MIAMI FL 33135							
						3. Date Incorporated or 12/16/1993	Qualified	3a. Date of L 05/10	ast Repor /1995	rt
21	ace of Business	2a. Mailing Ad 26	2a. Mailing Address 26			4. FEI Number 65-0455655				
Suite, Apt.		Suite, Api				5. Certificate of Status Desired Security Securi				
City & State		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country 25	Ζρ 29	Country 30			8. This corporation has Florida Statutes	ntangible tax un No			
	9. Name and Address of Cur	rrent Registered Age	nt	-		10. Name and Address	of New R	egistered Ager	ıt	
GALL, M	MOTA			81	Name					
	OUTH WEST EIGHT ST.					fress (P.O. Box Number is No	Acceptabl	e)		
MIAMI F								· · · · · · · · · · · · · · · · · · ·		
				84	City			E1 85	Zip Co	ode
11. Pursuant t	to the provisions of Sections 607.0	502 and 607,1508, Flo	rida Statutes, the a	bove-n	amed corpo	pration submits this statement	for the pure	oose of changing	its regis	tered office
or register	red agent, or both, in the State of F th, and accept the obligations of, S	Janata, Such ebanca w	as autopoized by th	e corpo	oration's boa	and of directors. I hereby acce	ot the appo	intrnent as regis	tered age	ent. I am
SIGNATURE	·			_						
12.	Signature, typind or position name of registerants OFFICERS	Section and applicable AND DIRECTORS	(Note Began		Simal ne retains	ed wherecesteing ADDITIONS/CHANGE	ė to occi	DATE OF OC. AND DED	OTODO	INI 40
TITLE	D	· · · · · · · · · · · · · · · · · · ·		a. 1 Tulle		ADDITIONS/CHANGE	S IU OFFI	CERS AND DIRI		N 12 Addition
NAME	GALL, MIRTA M	_		2 NAME					g L_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	2460 SOUTH WEST EIGH	T ST.	: 13	STREET	ADDRESS					
CITY - ST - ZIF	MIAMI FL 33135		1.4	CITY-S	[- ZIP					
TITLE		(DELETE 2	1 THEE				☐ Ch	ange 🗀] Addition
NAME			2.2	NAME						
STREET ADORESS			23	STEELT.	ADDRESS					
C(1 Y - S1 - ZIP				CITY ST	I - ZIP					
TITLE NAME		F.J		1 Dict				☐ Ch	ange] Addition
STREET ADDRESS				NAME	ADE DE CO					
					ADDRESS					
CITY - ST - ZIP TITLE				CHY S				[] Ch	anna F) Addition
NAME				NAME					ende [J Madillon
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				1 Cil Y - S!	1					
TITLE				1 Title		***************************************		[] Ch	ange [] Addit-on
NAME		_		NAME					<u>-</u>	,
STREET ADDRESS					ADDRESS					1
CiTY - ST - ZiP				1 C+1 Y - \$1	1					;
TITLE			F. 576	1 T-TLE			*	☐ Ch	ange [) Addition
NAME			62	NAME:						
STREET ADDRESS			63	STREET.	ADDRESS					

City-St-ZiP

14. If do hereby certify that the information supplied with this filling is voruntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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.

SIGNATURE: X

STANTING THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X april 22/96 Day to Proces