**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

	1999	DIVISION OF C	ORPORAT	TIONS		
DOCUMENT # P9400004088					02-17-1999 90024 045 ****150.00	
1. Corporation		JUUU <del>4</del> U00				
SALON	AVANTE, INC.					
Principal Plac	ce of Business	Mailing Address			T HORE HORE HE LOUIS FOUND CORNER COURT DEATH CORNE	<b>     </b>
8236 W. WATERS AVE. 8236 W. WATERS AVE. TAMPA FL 33615 TAMPA FL 33615						
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	S SPACE
					01/10/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-3226140	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22					5. Certifcate of Status Desired	Fee Required
City & Star	te	City & State	<del></del>		6. Election Campaign Financing	\$5.00 May Be
23	0	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	'		8. This corporation owes the current year In	
24 25 29 30  9. Name and Address of Current Registered Agent					Personal Property Tax.  10. Name and Address of New Registered	Yes No
	, V	W. A.C.	81	Name	The state of the s	Agoni
MUNOZ, MELINDA			82	Stroot Ac	ddress (P.O. Box Number is Not Acceptable)	
	6 W. WATERS AVE.		"	Sueer	doress (F.O. Box Number is Not Acceptable)	الم والماليات الماليات ومداما مدم
TAMPA FL 33615			83	1	10000000000000000000000000000000000000	
			84	City		85 Zip Code
				'	. Fl	_   -
11. Pursuant office or ragent. I a	to the provisions of Sections 607. registered agent, or both, in the St am familiar with, and accept the ob	.0502 and 607.1508, Florida Statutes tate of Florida. Such change was aut bligations of, Section 607.0505, Floric	s, the abov thorized by da Statutes	re-named co the corpora s.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing its registered intment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	nt signature requ	puired when reinstating) (7.7-2.7.) DATE	ID 01050505000 111 40
TITLE	DP	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	DIRECTORS IN 12  Change Addition
NAME	MUNOZ, MELINDA S.	_ Deterio	1.2 NAME		1,275.11;	
STREET ADDRESS	8236 W. WATERS AVE.			T ADDRESS	•	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S		•	. , ,
TITLE	DV	☐ DELETE	2.1 TITLE	71-23		Change Addition
NAME	MUNOZ, EMILIO		2.2 NAME	}		-
STREET ADDRESS	8236 W. WATERS AVE.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615	· · · · ·	2. 4 CITY-5	ST-ZIP		
TITLE	DT	OELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	BENTLEY, PAMELA		3.2 NAME			
STREET ADDRESS	8236 W. WATERS AVE.		3.3 STREE	TADDRESS	town over a first own of the	TURE FREE LIBERT
CITY-ST-ZIP	TAMPA FL 33615		3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME		•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S	1-ZIP		☐ Change ☐ Addition
NAME			5.2 NAME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Claude Dyognosi
STREET ADDRESS	<b>!</b>		5.3 STREET	TADORESS	**************************************	
CITY-ST-ZIP	* * *		5.4 CITY- S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			2

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver of flustee 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, profit as attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP