

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000004285 (0)

1. Corporation Name

MAXITA BEAUTY SUPPLIES AND BOUTIQUE, INC.

95 JUN 30 AM 9:46

Principal Place of Business
**2902 NW 55 AVE
 55 AVENUE SHOPPING CENTER
 LAUDERHILL FL 33313**

Mailing Address
**2902 NW 55 AVE
 55 AVENUE SHOPPING CENTER
 LAUDERHILL FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1994	3a. Date of Last Report
4. FEI Number 65-0463354	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Tax Status (Check one) ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Other	\$5.00 May Be Added to Fees
8. This corporation has liability for interstate tax under s. 109.022, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Sute, Apt. #, etc.	26. Sute, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	30. County

9. Name and Address of Current Registered Agent

**HYPPOLITE, MAXITA
 2902 NW 55 AVE
 55 AVENUE SHOPPING CENTER
 LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	HYPPOLITE, MAXITA	2. NAME	
STREET ADDRESS	8711 NW 21 ST APT 108	3. STREET ADDRESS	
CITY, ST, ZIP	LAUDERDALE LAKES FL 33311	4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(g), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with amendments.

SIGNATURE: *[Signature]*

6-13-95 (305) 930 8994

CR2E034 (3/95)