FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013630

1. Corporation Name: LAURA AND DINO'S SALON INC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/15/94
3a. Date of Last Report:

2. Principal Place of Business
21 6332 NW 9 AVE
22 Suite, Apt #, etc
23 City & State: FT LAUDERDALE FL
24 Zip: 33309
25 Country

2a. Mailing Address
26 6332 NW 9 AVE
27 Suite, Apt #, etc
28 City & State: FT. LAUDERDALE FL
29 Zip: 33309
30 Country

4. FEI Number: 65-0473334 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: DINO MUCILLI
82 Street Address (P.O. Box Number is Not Acceptable): 6332 NW 9 AVE
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

11. Pursuant to the provisions of Section 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: [signature] [signature] 4/1/95
Signature of registered agent and title if applicable — Registered Agent signature required when resigning — Date

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT ☒ Change ☒ Addition
1.2 NAME	LAURA MUCILLI
1.3 STREET ADDRESS	6332 NW 9 AVE
1.4 CITY ST ZIP	FT LAUDERDALE FL 33309
2.1 TITLE	VP ☒ Change ☒ Addition
2.2 NAME	DINO MUCILLI
2.3 STREET ADDRESS	6332 NW 9 AVE
2.4 CITY ST ZIP	FT LAUDERDALE FL 33309
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	400001484474
3.3 STREET ADDRESS	-05/11/95--01085--022
3.4 CITY ST ZIP	****200.00 ****200.00
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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.

SIGNATURE: [signature] [signature] [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number