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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P9400034139 (3)

TOGETHER BEAUTY SALON INC. Principal Place of Business Address 2970 NW 17TH AVE. WIAMI FL 33142 MIAMI FL 33142 MIAMI FL 33142-6632						
				Date Incorporated or Qualified 05/02/1994	3a. Date of Last Report 06/03/1996	
	lace of Business	2a, Mailing Address		4. FEI Number 65-0061858	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired	\$8.75 Additional	
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	1 0	Trust Fund Contribution	Added to Fees	
Z(p.	Country 25	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
	9. Name and Address of Cui			10. Name and Address of New Re		
RO/	ASRIO, IRMA		81 Name			
1241 NW 202 ST			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33169		83			
			64 City		FL 85 Zip Code	
office or agent. La SIGNATURE	registered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Such change wa eligations of, Section 607.0505,	is authorized by the corpora Florida Statutes.	poration submits this statement for the pation's board of directors. I hereby acception when reputation	of the appointment as registered	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TILE	P	☐ DELETE	1.1 TITLE		Change Addition	
NAME	ROSARIO, IRMA		. 1.2 NAME			
STREET ADORESS	1241 NW 202 ST MIAMI FL 33169		1.3 STREET ADDRESS			
CITY ST-ZIP TITLE	MIJONI FL 33 109	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ACORESS			2.3 STREET ADDRESS			
City - St - ZiP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - S) - ZIP TIJLE		DELETE	3.4. CfTY~\$T~ZiP 4.1 TiTLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY - ST - ZIP			4.4 CITY-ST-ZIP			
TIT; E		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-ZIP			5.4 CITY-ST-ZIP			
1.TLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CHY-S1-ZiP			6.4 City - ST - ZIP			

14. I do 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 name legal effect as if made under oath; that I am an officer or director office 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 onen attachment with an address.