

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000058206

1. Corporation Name
UNIVERSAL BEAUTY SUPPLY, INC.

Principal Place of Business
12705 N.W. 42 AVENUE
MIAMI FL 33054

Mailing Address
12705 N.W. 42 AVENUE
MIAMI FL 33054

3. Date Incorporated or Qualified
8-8-94

3a. Date of Last Report
4-28-95

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0517078		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YADIRA VASQUEZ 18630 N.W. 46 AVENUE MIAMI FL 33055				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS VASQUEZ	1 2 NAME	
STREET ADDRESS	18630 N.W. 46 AVE.	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	1 4 CITY-ST-ZIP	
TITLE	S.T	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YADIRA VASQUEZ	2 2 NAME	
STREET ADDRESS	18630 N.W. 46 AVE.	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	100001830581
CITY-ST-ZIP		5 4 CITY-ST-ZIP	-05/20/96--01084--024
TITLE		6 1 TITLE	***208.75
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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: *Yadira Vasquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 Date

305-628-9913 Phone #

CR2E034 (12/95)