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

DOCUN 1, Corporation	MENT # P9400	0063200 (7	')				
•	BEAUTY SALON, INC.						
Principal Place	of Business	Mailing Address				daini deina durae unia	LIBIN COIN SEN KODI
9290 HAMMOCKS BLVD. # 403 MIAMI FL 33196		9290 HAMMOCKS BLVD. # 403 MIAMI FL 33196					
MINMI IE 90		Within 15 Agend			3. Date Incorporated or Qualified 08/25/1994	3a. Date of Last 04/25/	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0514315	60	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ided to Fees
Ζφ	Country	Zıp	Country		B. This corporation has liability for in Florida Statutes	ntangible tax under	rs 199.032,
24	9. Name and Address of Curren	29 t Registered Agent	[30]		10. Name and Address of New R		
	g. Italie Bio Addies of Carrell	r riogiotorea rigain	81	Name		 	
MISSAS	IE, NADINE		82	Stroot Addr	ess (P.O. Box Number is Not Acceptab	le)	
9290 HAMMOCKS BLVD.				Street Addi	633 (1.0. 2001) (6.1.20)		
# 403			83				
MIAMI FL 33196			84	City		FL 85	Zip Code
11 Pure cent t	to the provisions of Sections 607 0502	and 607.1508. Florida Statut	es, the above-	named corpor	ration submits this statement for the put	nose of changing i	its registered office
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz	ed by the corp	oration's boa	rd of directors. Thereby accept the app	bintment as registe	red agent. I am
SIGNATURE .	Signature typed or printed name of registered agent	and title it avviligable INC	OTE: Registered Ager	nt signature recivire	d when remsterna:	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	CTORS IN 12 9 9 19 19 19 19 19 19 19 19 19 19 19 19
TITLE	D	D DELETE				Chan	nge 🗌 Addition 🕃
NAME SASSINE, NADINE			1.2 NAME				2
STREET ADDRESS 9290 HAMMOCKS BLVD., # 4		138		T ADDRESS			ນັ້
CITY - S1 - ZIP	MIAMI FL 33196	F3 pri FV	14 CITY - S 2 1 TITLE	ST-ZIP		☐ Chan	nge
TITLE	D	-					ge [Raamon
NAMS	BOUCHEREAU, CHANTAL 9290 HAMMOCKS BLVD., # 403		2.2 NAME	T ADDRESS			
STREFT ADDRESS	MIAMI FL 33196	403	2.3 3 incci	1			
DITLE	MIAMI FL 33180	☐ DELETE	3 1 TITLE	31 211		☐ Chan	nge 🔲 Addition
NAME		_	3.2 NAME				1
STHEET ADDRESS			33 STREE	T ADDRESS			
CITY-ST-ZIP			3 4 CITY-1			F** A:	
TILLE		☐ DEFELE	4 1 THTLE			Chan	nge 🔲 Addition
NAME			4.2 NAME				
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CITY-ST-ZIP		☐ DELETE	5. 1 TITLE			Char	nge Addition
TITLE			5.2 NAME				· -
NAME STREET ADDRESS				r address			ļ
CITY - ST - ZIP							
TITLE	DELETE		5 4 C/TY - ST - Z/P 6 1 TITLE			☐ Char	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	I ADDRESS			
C11V - ST - 7IP			64 CITY-	ST-ZIP		07/07/1 5: 7: 5:	
4.4 Ldo borol	by certify that the information supplied	with this filing is voluntarily fur	nished and doe	es not qualify tue and accur	for the exemption stated in Section 119 ate and that my signature shall have the	:.u/(3)(k), Florida St same legal effect	atutes. I further as if made under

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:

STED NAME OF SIGNING ONFIGER OR DIRECTOR

305-3829900