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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**  APPROVED AND FILED

1997 SEP 12 PM 3: 02

SECRETARY OF STATE



| DOCUMENT # P95000008427 (3)                                     |  |                                  |                       |  | TALLAHASSEE, FLORIDA  |                                   |  |
|---|--|----------------------------------|-----------------------|--|---|-----------------------------------|--|
| THE   | BEAUTY CLUB CORPO  | ORATION                          |                       |  |   |                                   |  |
| Principal Place of Business Mailing Address                     |  |                                  |                       |  |   |                                   |  |
| 10905 S.W. 40th ST 10905 S.W. 40 MIAMI, FL 33165 MIAMI, FL 3316 |  |                                  |                       | ST.  |   |                                   |  |
|   |  |                                  |                       |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report           |  |
|   |  |                                  |                       |  | 02/01/1995<br>4. FEI Number   | 03/30/1996                        |  |
|   | pal Place of Business 2a. Mailing Address  |                                  |                       |  | !   | Applied For                       |  |
| Suite, Apt.   | 26   Suite, Apt. #, etc.   Suite, Apt. #, etc.   |                                  |                       |  | 65-0554682  | Not Applicable  \$8.75 Additional |  |
| 22  | 27   |                                  |                       |  | 5. Certificate of Status Desired  | Fee Required                      |  |
| City & Stat   | City & State City & State  |                                  |                       |  | 6. Election Campaign Financing  | \$5.00 May Be                     |  |
| 23  | 28   |                                  | T .                   |  | Trust Fund Contribution   | Added to Fees                     |  |
| Zip   | Country  | Zip                              | Countr                | ſy   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                   |  |
| 24  | 25 9. Name and Address of Current  | [29]<br>Registered Agent         | 30]                   |  | Florida Statutes  10. Name and Address of New Rec                                       |                                   |  |
|   |  |                                  | 8                     | 1 Name                                       |   | Jacob Agont                       |  |
| ZINCKE, ZEIDA   |  |                                  |                       | 2 Street Ad-                                 | Address (P.O. Box Number is Not Acceptable)   |                                   |  |
| 10905 S.W. 40th ST  |  |                                  |                       | ,  | oress (P.O. Box Number is Not Acceptable)   |                                   |  |
| MIAMI,FL 33165  |  |                                  | 83                    | 3  | 1000022941115   |                                   |  |
|   |  |                                  | 8                     | City   | - <u>U9/16,</u>   | /9701029024<br>55 <b>.ft</b> p    |  |
| 11. Pursuant  | to the provisions of Sections 607 0502   | and 607 1508. Florida Statut     | les the abov          | ve-named co                                  | rooration submite this statement for the n  | rease of changing its registered  |  |
| office or a   | registered agent, or both, in the State of manifer with, and accept the obligations.   | at Florida. Such channe was .    | authorized h          | w the cornor                                 | ation's board of directors. I hereby accep  | t the appointment as registered   |  |
| SIGNATURE   | The state of the s | 17 1,0000, 00011011 107.0000, 11 | Onda Otaluk           | 33.  |   |                                   |  |
| <del></del>   | Signature, typed or printed name of registered agent and title if applicable (NOTE F   |                                  |                       | gent signature req                           | uired when reinstating)   | DATE                              |  |
| 12.   | OFFICERS AND DIRECTORS  DELETE   |                                  | 13.                   |  | ADDITIONS/CHANGES TO OFFIC  |                                   |  |
| NAME  | PD   | E DELL'IL                        | 1.1 TITLE<br>1.2 NAME | ŀ  |   | ☐ Change ☐ Addition 3             |  |
| STREET ADDRESS  | ZINCKE, ZEIDA  |                                  |                       | T ADDRESS                                    |   | [5]                               |  |
| CITY-ST-ZIP   | 7295 SW 34th STREET ROAD   |                                  | 1.4 CITY-             |  |   | וַנ                               |  |
| TITLE   | MIAMI,FL 33155   | ☐ DELETE                         | 2 1 TITLE             |  | 7   | ☐ Change ☐ Addition C             |  |
| NAME  | SANCHEZ, YAMILEN C.  |                                  | 2.2 NAME              |  |   |                                   |  |
| STREET ADDRESS  | 12960 SW 66th LANE   |                                  | 2.3 STREE             | T ADORESS                                    |   |                                   |  |
| CITY-ST-ZIP   | MTAMT Dt 33103   |                                  | 2 4 CITY              | - S1 - 2IP                                   |   |                                   |  |
| TITLÉ<br>NAME   | DELETE DELETE  |                                  | 3.1 TITLE             |  |   | Change Addition                   |  |
| STATET ADDRESS  |  |                                  | 3.2 NAME              | 1 ADDRESS                                    |   |                                   |  |
| CITY-ST-ZIP   |  |                                  | 3 4. CITY             |  |   |                                   |  |
| THLE  | DELETE   |                                  |                       | -31-21                                       |   | ☐ Change ☐ Addition               |  |
| NAME  |  |                                  | 4 2 NAME              | <u>.                                    </u> |   |                                   |  |
| STREET ADDRESS  |  |                                  | 4.3 STREE             | T ADDRESS                                    |   |                                   |  |
| CITY-ST-ZIP   |  |                                  | 4.4 CITY-             | ST-ZIP                                       |   |                                   |  |
| TITLE   |  | DELETE                           | 5.1 TITLE             |  |   | ☐ Change ☐ Addition               |  |
| NAME  |  |                                  | 5.2 NAME              |  |   |                                   |  |
| STREET ADDRESS  |  |                                  |                       | 1 ADDRESS                                    |   |                                   |  |
| CITY-ST-ZIP<br>TITLE  | 0.51575  |                                  |                       | ST-ZIP                                       |   | Change Pil Add                    |  |
| · NAME  |  | D order                          | 6 1 TITLE<br>6 2 NAME |  |   | Change Andicon                    |  |
| STREET ADDRESS  |  |                                  |                       | 1 ADDRESS                                    |   | 1741N2                            |  |
|   |  |                                  | VO STILLE             | , ADOILSS                                    |   | ωı,                               |  |

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 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.

9/08/97