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PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000028185 (3) C & E BEAUTY SHOP, INC. Principal Place of Business Mailing Address 1521 NE.167TH ST. NORTH MIAMI BEACH FL 33162							
MINMI DEAL	JA FL 33102	MIAMI BEACH FL 33	1162				
2 Principal D	lace of Business	T2		3. Date incorporated or Qualified 04/10/1995	3a. Date	of Last I	Report
11 (TRIOSPANT)	acce of Edusinioss	2a. Mailing Address		4. FEI Number			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0572112		60.7	Not Applicable
2 Cit. 8 Ct-1		27		5. Certificate of Status Desired			5 Additiona! Required
City & State	9	City & State		6. Election Campaign Financing			00 May Be
Zip	Country	7ip	Country	Trust Fund Contribution		Adde	ed to Fees
4	25	29	30	8. This corporation has liability for Florida Statutes Yes	intangible ta No	ix under s	199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F		Agent	
TABBE	TTE FILEN	•	81 Name	/			
	nte, Elvira W. 167th St. North		82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
	BEACH FL 33162		83		· · · · · · · · · · · · · · · · · · ·		
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			84 City		E1		p Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	1.1 4.9	pration submits this statement for the pur	FL roose of cha		
 Pursuant t or register familiar wit 	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida Such change was authori stion 607.0505, Florida Statute	1.1 4.9	pration submits this statement for the pure and of directors. I hereby accept the app	FL rpose of cha ointment as		
SIGNATURE			tes, the above named corporation's boases.	pration submits this statement for the pur ard of directors. I hereby accept the app	rpose of cha ointment as		
SIGNATURE _	Stag ature, typed or printed name of registered agen	tanoftlicifappheacie. (N	tes, the above named corporated by the corporation's books.	ed when renstaling)	rpose of cha ointment as	nging its i registered	registered office d agent. I am
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SIGNATURE:

Celia Hlores (Celia Flores)

4/19/96 (305) 944-619