

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

APPROVED  
AND  
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96 MAY -1 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000048527 (2)**

1. Corporation Name

**TABU HAIR & NAILS SPA, INC.**

Principal Place of Business

Mailing Address

**2450 S.W. 137TH AVENUE  
SUITE 221  
MIAMI FL 33175**

**2450 S.W. 137TH AVENUE  
SUITE 221  
MIAMI FL 33175**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**06/21/1995**

4. FEI Number

Applied For

**105-0595586**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**CABALLERO, MARCIA B  
2450 S.W. 137TH AVE.  
SUITE 221  
MIAMI FL 33175**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**200001834412**

**-05/22/96--01042--011**

**\*\*\*\$00.00 \*\*\*\$200.00**

**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

TITLE	<b>PD=</b>	<input type="checkbox"/> DELETE
NAME	<b>PALMA, THAYLUMNA</b>	
STREET ADDRESS	<b>12345 S.W. 18TH ST. APT. NO. 306</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, ADA</b>	
STREET ADDRESS	<b>2400 S.W. 142ND PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PALMA, THAYLUMA</b>	
1.3 STREET ADDRESS	<b>1015 N.W. 132ND COURT</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33182</b>	
2.1 TITLE	<b>V/S/T/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GONZALEZ, ADA</b>	
2.3 STREET ADDRESS	<b>2400 SW 142 PLACE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-12-96 553-7609**

CR2E034 (12/95)