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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000050280**

1. Corporation Name

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90196 004 \*\*\*150.00

MARIA'S	BEAUTY SALON, INC.		_			
Principal Place	n of Business	Mailing Address				illal nolle (léaf inilf nay) (ani
•	•	900 WEST AVE. #119				
900 WEAST AVE. #119 900 WEST AVE. #119 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						
US US					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed	
					06/27/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27					65-0610889	Not Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		<del></del>	6 Florier Compaign Figureins	
City & Stat		28		-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23   Zip	Country		Country		8. This corporation owes the current year Inta	
24	25	29 30	,		Personal Property Tax.	☐Yes ☐No
-7	9. Name and Address of Current				10. Name and Address of New Registered A	Agent
	,		81	Name		
ASION, MARIA C 900 WEST AVE, #119			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	<del></del> -
	WEST AVE, #119 MI BEACH FL 33139		83	ļ		
11111-14	BENOTI LE GOTSO		03			
	,		84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes, th	ne abov	L e-named co	rnoration submits this statement for the numose of	changing its registered
office or r	egistered agent, or both, in the State om familiar with, and accept the obligat	if Florida. Such change was author	ized by	the corpora	ation's board of directors. I hereby accept the appoir	ntment as registered
	In familiar with, and accept the obligation	on section our coos, i londa	Jiaiuies	•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	tered Ager	nt signature requ	ired when reinstating) DATE	
12.	OFFICERS ANI	7 5 11 12 5 1 5 1 5 1	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSD. DELETE 1.1		1.1 TITLE	Į		☐ Change ☐ Addition
NAME	ASION, MARIA C		1.2 NAME			
STREET ADDRESS	850 ALTON ROAD		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY-S	Γ-ZîP		
TITLE	VTD	√TD □ DELETE 2.1 TO				Change Addition
NAME	ASION, JULIAN T 222 N		2.2 NAME			·
STREET ADDRESS			2.3 STREET	ADDRESS	•	)
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP	<del></del>	
TITLE	DELETE 3.1 TI		3.1 TITLE	1		☐ Change ☐ Addition
NAME	المنافق	e termina	3.2 NAME	,	فلإسطاء والمستشار	ਤੇ ਲਾਜ਼= <b>ਦ</b> ੍ਹ <b>ਰੂ</b> ਨੂੰ ਦ
STREET ADDRESS		1		r ADDRESS		
CITY-ST-ZIP	·		3.4. CITY-S	IT-ZIP		Change Addition
TITLE			4.1 TITLE			Cuande Divining
NAME	• • •		4. 2 NAME			,
STREET ADDRESS	,	•		ADDRESS		1
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change Addition
TITLE	,		5.1 TITLE 5.2 NAME		•	
NAME	, , ,			FADDRESS		,
STREET ADDRESS	· ,		5.4 CITY-S		·	. 1
CITY-ST-ZIP			SA CITE	y-211		☐ Change ☐ Addition
TITLE			6.2 NAME	Ì		
NAME				r adoress		. *
STREET ADDRESS	,	<b>N</b>	A CITY-S	1		}

14. I 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, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR