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

DOCUMENT # P95000076017 (9)

1. Corporation Name
KELLY VAN GOGH COLOUR SPA & SALON, INC.

Principal Place of Business	Mailing Address
555 N.E. 15TH STREET SUITE 336 MIAMI FL 33132	555 N.E. 15TH STREET SUITE 336 MIAMI FL 33132

3. Date Incorporated or Qualified: 10/03/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 846 LINCOLN ROAD
Suite, Apt. #, etc.
22 THIRD FLOOR
City & State
23 MIAMI BEACH, FL
Zip
24 33139
Country
25 USA

2a. Mailing Address
26 KVG CORPORATE OFFICE
Suite, Apt. #, etc.
27 1040 PEBBLE BEACH CIR., W
City & State
28 WINTER SPRINGS, FL
Zip
29 32708
Country
30 USA

4. FEI Number: 65-0611220 ☐ Applied For ☐ 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

9. **Name and Address of Current Registered Agent**

SANCHEZ-ROIG, REBECA ESQ.
201 S. BISCAYNE BLVD.
MIAMI CENTER, SUITE 900
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name: CONNIE L. SARNER
82 Street Address (P.O. Box Number is Not Acceptable): 1040 PEBBLE BEACH CIRCLE, WEST
83 WINTER SPRINGS
84 City: FL
85 Zip Code: 32708

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 Connie L. Sarner \ CONNIE L. SARNER — 6/3/96
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	D	☐ DELETE
NAME	SARNER, KELLY	
STREET ADDRESS	555 N.E. 15TH STREET, SUITE 336	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: Kelly Sarner — KELLY SARNER — 6/7/96 — 305/538-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)