

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000079679 (3)

1. Corporation Name

BARBARA BEAUTY SALON INC.



Principal Place of Business

Mailing Address

2050 WEST 56TH STREET STE 26  
HIALEAH FL 33016

2050 WEST 56TH STREET STE 26  
HIALEAH FL 33016

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

4. FEI Number

65-0613015

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

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD. STE 211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name MIRIAM IZQUIERDO  
82 Street Address (P.O. Box Number is Not Acceptable) ~~2050 W. 56th St~~ 2050 W. 56th St # 26  
83  
84 City HIALEAH FL 85 Zip Code 33016

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

*Miriam Izquierdo*

MIRIAM IZQUIERDO

2-12-96

12. OFFICERS AND DIRECTORS

DELETE

TITLE

D  
IZQUIERDO, MIRIAM  
C/O 2050 WEST 56TH STREET STE 26  
HIALEAH FL 33016

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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. TITLE

Change  Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

Change  Addition

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY - ST - ZIP

3. TITLE

Change  Addition

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY - ST - ZIP

4. TITLE

Change  Addition

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY - ST - ZIP

5. TITLE

Change  Addition

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY - ST - ZIP

6. 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:

*Miriam Izquierdo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRIAM IZQUIERDO

2-12-96  
DATE SYSTEM PRINTED

CR2E034 (12/95)