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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000084674 (7)

1. Corporation Name

ANGEL BEAUTY AND SERVICE INC.

Principal Place of Business	Mailing Address
141 N.E. 3RD AVENUE SUITE 205 MIAMI FL 33132	141 N.E. 3RD AVENUE SUITE 205 MIAMI FL 33132

3. Date Incorporated or Qualified: 11/03/1995
3a. Date of Last Report:

2. Principal Place of Business — 21 ; Suite, Apt #, etc. 22 ; City & State 23 ; Zip 24 ; Country 25
2a. Mailing Address — 26 ; Suite, Apt. #, etc. 27 ; City & State 28 ; Zip 29 ; Country 30

4. FEI Number: 65-0626884 ☐ 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

~~DITTEBRANDY, HANS J~~
~~141 N.E. 3RD AVENUE~~
~~SUITE 205~~
~~MIAMI FL 33132~~

10. Name and Address of New Registered Agent

81 Name: LEE, JIMI
82 Street Address (P.O. Box Number is Not Acceptable): 141 N.E. 3rd AVENUE
83 SUITE 206
84 City: MIAMI **FL** 85 Zip Code: 33132

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] 3/15/96
Signature, Registered Agent — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~PIASSAROLLO, LUCIANA~~ ~~141 N.E. 3RD AVENUE SUITE 205~~ ~~MIAMI FL 33132~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition P D LEE, JIMI 141 N.E. 3rd AVENUE SUITE 206 MIAMI FL 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~DITTEBRANDT, JANS J~~ ~~141 N.E. 3RD AVENUE SUITE 205~~ ~~MIAMI FL 33132~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ ~~PORTELA, ANGELINA F~~ ~~141 N.E. 3RD AVENUE SUITE 205~~ ~~MIAMI FL 33132~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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] LEE, JIMI 3/15/96 305/373-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)