

FILE NOW. FILING FEE AFTER MAY 1 IS \$550.00

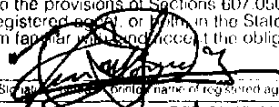
PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010225
1. Corporation Name
CLARA L. JOJO BEAUTY SALON CORPORATION

Principal Place of Business Mailing Address
**1913 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134**

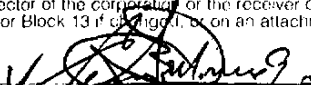
2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE	3. Date Incorporated or Qualified 2-1-96	3a. Date of Last Report 1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 605-0643027	Applied for Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name CEASAR MORENO
	82 Street Address (P.O. Box Number is Not Acceptable) 1913 PONCE DE LEON BLVD.
	83
	84 City CORAL GABLES FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.
SIGNATURE  **CEASAR MORENO** DATE **5/7/97**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE	1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	1.2 NAME CEASAR MORENO
STREET ADDRESS	1.3 STREET ADDRESS 1913 PONCE DE LEON BLVD.
CITY- ST- ZIP	1.4 CITY- ST- ZIP CORAL GABLES, FL 33134
TITLE ☐ DELETE	2.1 TITLE SECRETARY/DIRECTOR ☒ Change ☐ Addition
NAME	2.2 NAME MARIA MORENO
STREET ADDRESS	2.3 STREET ADDRESS 1913 PONCE DE LEON BLVD.
CITY- ST- ZIP	2.4 CITY- ST- ZIP CORAL GABLES, FL 33134
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY- ST- ZIP	3.4 CITY- ST- ZIP
TITLE ☐ DELETE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY- ST- ZIP	4.4 CITY- ST- ZIP
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY- ST- ZIP	5.4 CITY- ST- ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY- ST- ZIP	6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:  **CEASAR MORENO** **PRESIDENT** DATE **5/7/97** (305) 567-0086

CR2E034 (9/96)