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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90257 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000015524

1. Corporation Name  
JUST YOUR STYLE BEAUTY SALON, INC.



Principal Place of Business Mailing Address  
19549 NW 2ND AVE MIAMI FL 33169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/16/1996  
4. FEI Number  
65-0646278  
5. Certificate of Status Desired  
6. Election Campaign Financing  
Trust Fund Contribution  
8. This corporation owes the current year Intangible  
Personal Property Tax.

2. Principal Place of Business  
21 19549 NW 2 AVE  
22 Suite, Apt. #, etc.  
23 Miami FL  
24 33169  
25  
26 19549 NW 2 AVE  
27 Suite, Apt. #, etc.  
28 Miami FL  
29 33169  
30

9. Name and Address of Current Registered Agent  
REID, GRACE  
19549 NW 2ND AVE  
MIAMI FL 33169

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Grace Reid  
Signature, typed or printed name of registered agent and title if applicable.

4-15-99  
DATE

Table with 12 rows for Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: SIGNATURE OF REGISTERED OFFICER OR DIRECTOR

4-15-99  
Date Daytime Phone #

CR2E034 (11/98)