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Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90001 025 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000035923

1. Corporation Name

MAGY'S LATINO BEAUTY SALON, INC.
945 SW 71 AVENUE
NORTH LAUDERDALE, FL 33068

Principal Place of Business

Mailing Address

MAGY'S LATINO BEAUTY SALON, INC.
945 SW 71 AVENUE
NORTH LAUDERDALE, FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/25/96

2. Principal Place of Business

2a. Mailing Address

21 945 SW 71 AVENUE

26 945 SW 71 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 NORTH LAUDERDALE, FL

City & State

28 NORTH LAUDERDALE, FL

Zip

Country

24 33068

25 USA

Zip

Country

29 33068

30 USA

4. FEL Number

65-0663167

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIMI NOFIL FOR UNIVERSAL BUS. & ACCT.
1095 W. COMMERCIAL BLDG C
FT LAUDERDALE, FL 33309

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

REGISTERED AGENT

8/27/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME AUBRO BASTIDAS PRESIDENT
STREET ADDRESS 1102 E. JASMINE LANE
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME MAGDELY BASTIDAS V. PRESIDENT
STREET ADDRESS 1102 E. JASMINE LANE
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Magdely Bastidas VP.

8/27/99

9542021900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)