## 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 CORFORATIONS

## DOCUMENT # P96000050119 (2)

THE GRAND SALON, INC.

| Fair to the control of the control o |  | AA-Ti-AA-I   |  |  |  |
|--|--|--|--|--|--|
| Principal Place of Busiless 1000 PARK CENTRE BLVD., STE. 108 MIAMI FL 33169  |  | 1000 PARK CENTRE BLV   | Mailing Address<br>1000 Park Centre BLVD., STE, 108<br>MIAMI FL 33169-5373   |  |  |
| MIMMI PE GOTOS   |  | MINMI ( E. GOTON GOTO  |  | 3. Date Incorporated or Qualified 06/12/1996   | 3a. Date of Last Report  |
| 2. Procipal P  | ace of Bosiness  | 2a. Mailing Address  |  | 4. FEI Number  | Applied For  |
| 21   |  | 26   | وروان والمستعدد والمرادات والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد وا | 65-0677447   | Not Applicable   |
| Suite, Apt 4   |  | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| Orty & State 23  |  | City & State   |  | Election Campaign Financing     Trust Fund Contribution                              | \$5.00 May Be Added to Fees  |
| <u>≮91</u>   | Country  | Z(j)   | Country  | This corporation has liability for it  |  |
| 24   | 25   | 29   | 30   | Florida Stalutes   | Yes 🔀 No   |
|  | 9. Name and Address of C   | urrent Registered Agent  |  | 10. Name and Address of New Re   | gistered Agent   |
|  | DON, IAN   | r 400  | 81 Name  |  |  |
|  | PARK CENTRE BLVD., STI   | E. 108   | 82 Street Add  | dress (P.O. Box Number is Not Acceptab   | le)  |
| MIMA   | II FL 33 <b>169</b>  |  | 83   |  |  |
|  |  |  |  |  |  |
|  |  |  | 84 City  |  | FL 85 Zip Code   |
| office or re<br>agent Tar  | gistefed agent, or both, in the<br>i familiar with, and accept the i   | State of Florida, Such change was<br>obligations of, Section 607,0505, F | authorized by the corpora<br>lorida Statutes.  | rporation submits this statement for the patients board of directors. I hereby accep | it the appointment as registered   |
| SIGNATURE  | and the same and the same of t | NO.  | The Bugistored Agent sonature regu   | ured when reinstation)   | DATE   |
|  | OFFICER:   | or and a cittle diapplication (NO<br>SIAND DIRECTORS                     | TE Registered Agent signature requ   | ured when reinstating)  ADDITIONS/CHANGES TO OFFIC                                   | DATE<br>ERS AND DIRECTORS IN 12  |
| SIGNATURE :  |  |  |  |  |  |
| 12.  | DPST<br>RONDON, IAN  | S AND DIRECTORS DELETE   | 13.  |  | ERS AND DIRECTORS IN 12  |
| 12.  | OPST<br>RONDON, IAN<br>1000 PARK CENTRE BLVI   | S AND DIRECTORS DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  |  | ERS AND DIRECTORS IN 12  |
| 12. TO LE NAME SOCIETATORISS. CITY ST. Za.   | DPST<br>RONDON, IAN  | S AND DIRECTORS  DELETE  D., STE. 108                                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - SY - ZIP  |  | ERS AND DIRECTORS IN 12 Change Addition  |
| 12.<br>10.11<br>NVMI<br>STOLET A FORMAN,<br>CHY (3.1.76)<br>T REF  | OPST<br>RONDON, IAN<br>1000 PARK CENTRE BLVI   | S AND DIRECTORS DELETE   | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CHY-SY-ZIP 21 TITLE  |  | ERS AND DIRECTORS IN 12  |
| 12. TO LE NUMBERS. SUBJECT MODERS. SUBJECT AND ADDRESS.  | OPST<br>RONDON, IAN<br>1000 PARK CENTRE BLVI   | S AND DIRECTORS  DELETE  D., STE. 108                                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - SY - ZIP  |  | ERS AND DIRECTORS IN 12 Change Addition  |
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| 12.  10.11  NAME  SOLIT MODERNO  CHY ST. 70  T. 16.  SURFEL SOURCE  COV. ST. 219   | OPST<br>RONDON, IAN<br>1000 PARK CENTRE BLVI   | S AND DIRECTORS  DELETE  D., STE. 108                                    | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP 31 TITLE 32 NAME  |  | ERS AND DIRECTORS IN 12 Change Addition Change Addition  |
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| 12.  ILLE NAME STEEL ADDRESS.  CITY SEL ADDRESS.  | OPST<br>RONDON, IAN<br>1000 PARK CENTRE BLVI   | S AND DIRECTORS  DELETE  DELETE  DELETE                                  | 13. 13 TITLE 12 NAME 13 STREET ADDRESS 14 CHY-SY-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 CHY-ST-ZIP 41 TITLE 42 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS   |  | ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition                            |
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| 12.  ILLE NAME SOULT ALOBERS. CITY SEL AROBERS.  | OFFICERE DPST RONDON, IAN 1000 PARK CENTRE BLVI MIAMI FL 33169   | S AND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE                  | 13. 13 TITLE 12 NAME 13 STREET ADDRESS 14 CHY-SY-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 CHY-ST-ZIP 41 TITLE 42 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CHY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CHY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CHY-ST-ZIP  |  | ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition |

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~PRESIDENT 197

305-624-4949

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3R2E034 (9/96)

**FILED** 

Mar 26 1997 8:00am

Secretary of State