## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600050119

1. Corporation Name

THE GRAND SALON, INC.

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90170 035 \*\*\*150.00



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Principal Place of Business Mailing Address								• • • • • •	
1000 PARK CENTRE BLVD., STE. 108 1000 PARK CENTRE BLVD., STE. 10						1			
MIAMI FL 33169 MIAMI FL 33169					DO NOT WRITE IN THIS SPA				
						3. Date Incorporated or Qualifed	E IN THIS	SPACE	
						06/12/1996			1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		$\neg \Box$	Applied For
21		<u>⊢=</u> 1	26			65-0677447			Not Applicable
Suite, Apt.	#. etc.	<del></del>	Suite, Apt. #, etc.					\$8.7	5 Additional
22	., ,	$\vdash$	27			5. Certifcate of Status Desired			Required
City & State	e	City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28			Trust Fund Contribution			ed to Fees	
Zip	Country	Zip Country			<del></del>	8. This corporation owes the curre	ent year Inta	ngible	
24	25	29	30			Personal Property Tax.	-	☐ Yes	DNO No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered A	gent	
					Name				ļ
RONDON, IAN					Stroot Add	ross (D.O. Boy Number is Not Assenta	hle)		
1000 PARK CENTRE BLVD., STE. 108				82 Street Address (P.O. Box Number is Not Acceptable)					
MIAN	M FL 33169								
					-			105 7	tip Code
				84	City		FL	85 Z	.ip 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									
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change	was authorized	l by i	the corporati	on's board of directors. I hereby accep	t the appoin	ment as	registered
_	THE MILE WILL, LINE GOODE TO DE SE		, , , , , , , , , , , , , , , , , , , ,						
SIGNATURE	Signature, typed or printed name of registered agen	Agent	signature require	ed when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFF	ICERS AND	) DIREC	TORS IN 12
TITLE	DPST	☐ DELE	TE 1,1 TI	RΕ				Chang	ge
NAME	RONDON, IAN		1.2 N	ME	1				
STREET ADDRESS	4000 DADIY OFFITTE BLVD OTE 400			REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33169		1,4 CI	TY-ST	r-21P				
TITLE		☐ DELE						Chang	ge
NAME			2.2 N	WE					1
STREET ADDRESS			2.3 \$1	REET	ADDRESS				1
CITY-ST-ZIP			2,40						
TITLE		☐ D£LE						Chang	ge Addition
NAME			3.2 N						(
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. C		<b>\</b>				1
TITLE		☐ DELE						☐ Chang	ge Addition
NAME			4. 2 N						]
					ADDRESS				-
STREET ADDRESS					Į.				1
CITY-ST-ZIP		☐ DELE	4.4 Cl TE 5.1 TC		- AIF	·		Chang	ge Addition
TITLE			5.2 N		{				
NAME					ADDRESS				ļ
STREET ADDRESS					į.				-
CITY-ST-ZIP		☐ DELE	5.4 CI		-21			Chang	ge
TITLE		CT OFTE	-,,,		1			T Attall	an Tradition
NAME			6.2 NA		**************************************				į
STREET ADDRESS					ADDRESS				ļ
CITY-ST-ZIP			6.4 CI	TY-ST	r-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 eceiver or trystee 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 applications and address, with all other like empowered.

SIGNATURE

IANCA RONDON - PRESIDENT

4/20/99

305-624-4949

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Daytime Phone #