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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000072662 (5)

KID'S WORLD BEAUTY SALON INC.

**FILED** Mar 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										
380 EAST 9TH STREET SUITE 4 HIALEAH FL 33010		380 EAST 9TH STREET SUITE 4 HIALEAH FL 33010			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 09/03/1996				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For		
1		26				65-0695525		Not Applicable		
Suite, Apt. #, etc.		Suite, Aprt. #, etc	Suite, Aprt. #, etc.			5. Certificate of Status Desired  \$6.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
Zip	Country 25	7ip	30 Cour	ntry		This corporation owes or has paid the current Personal Property Tax due June 30.		r Intangible		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
GALDEANO, EUGENIA C 2060 EAST 5TH AVENUE APARTMENT #4 HIALEAH FL 33013				81 82	Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				
				63	·					

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 (NOTE Ringistered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 🔲 DELETE Change ☐ Addition GALDEANO, EUGENIA C NAME 1.2 NAME 2060 E 5 AVE, 4 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CTJY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attraction with an address.

Eugenia talkono Pas (206) 184-2505

Zip Code