

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17 1998 8:00am
Secretary of State

DOCUMENT # P96000085551 (5)

1. Corporation Name
LE SALON, INC.



Principal Place of Business
5640 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

Mailing Address
5640 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4143 SEA GRAPE, drive Suite, Apt. #, etc. 2		2a. Mailing Address 26 4143 SEA GRAPE, drive Suite, Apt. #, etc. 2		3. Date Incorporated or Qualified 10/16/1996	
22 City & State 23 LAUDERDALE BY THE SEA		27 City & State 28 LAUDERDALE BY THE SEA		4. FEI Number 65-0702411	
24 33308 25 FLORIDA		29 33308 30 FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CASTORO, FRANCIS X ESQ. 2100 HOLLYWOOD BLVD HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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.

SIGNATURE _____ DATE 4/13/98 (960) 481-4854

CR2E034 (10/97)