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May 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra M. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000098287 (1)

1. Corporation Name  
SALON ALENUSHKA, INC.

Principal Place of Business  
STE. 188, 6800 N. DALE MABRY HWY.  
TAMPA FL 33607

Mailing Address  
STE. 188, 6800 N. DALE MABRY HWY.  
TAMPA FL 33614-3829



2. Principal Place of Business  
21 6800 N. DALE MABRY  
Suite, Apt. # etc.  
22 Suite 188  
City & State  
23 Tampa FL.  
Zip  
24 33614 Country

2a. Mailing Address  
26 THE SAME  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country

3. Date Incorporated or Qualified  
12/05/1996  
3a. Date of Last Report  
4. FEI Number  
593408223  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
FILINGS, INC.  
3732 N.W. 18TH STREET  
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent  
81 Name  
PELAGEYA IVOLGIN  
82 Street Address (P.O. Box Number is Not Acceptable)  
11234 THICKET CT  
83  
84 City  
Tampa FL 85 Zip Code  
33624

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 P. Moller  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE PELAGEYA IVOLGIN 4-28-97

12. OFFICERS AND DIRECTORS  
TITLE D ☐ DELETE  
NAME IVOLGIN, PELAGEYA  
STREET ADDRESS STE. 188, 6800 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA FL 33607  
TITLE D ☐ DELETE  
NAME DOYCHEVA, YELEMA  
STREET ADDRESS STE. 188, 6800 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA FL 33607  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME 6800 N. DALE MABRY  
1.3 STREET ADDRESS Suite 188  
1.4 CITY-ST-ZIP TAMPA FL. 33614  
2.1 TITLE CORRECT ☒ Change ☐ Addition  
2.2 NAME DOYCHEVA YELEMA  
2.3 STREET ADDRESS 6800 N. DALE MABRY Suite # 188  
2.4 CITY-ST-ZIP TAMPA, FL. 33614  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: PELAGEYA IVOLGIN  
Signature, typed or printed name of signing officer or director Date 4-28-97 Daytime Phone # 0007447

CR2E034 (9/96)