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 # P97000017409

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90179 048 ***150.00

GOLDEN	I TOUCH BEAUTY CENTER	, INC.											
							_			 			
Principal Place	e of Business		iling Address				į						
12576 SW 88 STREET 12576 SW 88 STREET													
MIAMI FL 33186 MIAMI FL 33186								DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or 0					
								02/20/1997					
2. Principal P	lace of Business	2a.	Mailing Address					FEI Number				Appli	ied For
21		26					- 1 " (65-0731821				Not A	Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.		·						\$8.7	5 Add	ditional
22	•	27					5. '	Certifcate of Status De	estrea		Fee	Requ	ıired
City & Stat	te		City & State		- **		6.	Election Campaign Fir	nancing	П	\$5.0)0 м	ay Be
23		28						Trust Fund Contribution	on	Ш	Adde	d to	Fees
Zip	Country		Zip	Cou	intry		8.	This corporation owes	the curre	ent year Int		_	_
24	25	29		30				Personal Property Tax			Yes	[JNo
	g. Name and Address of Curren	nt Regist	ered Agent				10,	Name and Address	of New R	egister <u>ed</u>	Agent		
					81	Name]
	TH, KAY M T				82	Street Ac	ddress (P.	O. Box Number is No	Accepta	ble)			$\neg \neg$
	39 SW 90 STREET				L								
AAIM	WI FL 33176				83								
			,		84	City					85 Z	ip Co	ode —
	to the provisions of Sections 607.050					,				FL	.]]]
agent I a	registered agent, or both, in the State am familiar with, and accept the obliga	tions of	Continuent AFRE Ele	acida Stati	11100								
SIGNATURE						it signature requ	uired when re	einstaling)		DATE			
SIGNATURE		nt and title if	applicable. (NOT					einstating)	S TO OFF				
-3	Signature, typed or printed name of registered agei	nt and title if	applicable. (NOT	E: Registered	1 Agen				S TO OFF		ID DIREC		S IN 12
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	applicable. (NOTE	E: Registered	Agen				S TO OFF				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if	applicable. (NOTE	E: Registered 13. 1.1 TI 1.2 No	I Agen TLE AME				S TO OFF				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M	nt and title if	applicable. (NOTE	13. 1.1 TI 1.2 NJ 1.3 S	I Agen TLE AME	nt signature requ			S TO OFF		☐ Chan	ge 	Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST	nt and title if	applicable. (NOTE	13. 1.1 TI 1.2 NJ 1.3 S	TLE AME TREET	nt signature requ			S TO OFF			ge 	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST	nt and title if	applicable. (NOTI	13. 1.1 TI 1.2 NV 1.3 S 1.4 CI	TLE AME TREET TTY-ST	nt signature requ			S TO OFF		☐ Chan	ge 	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTI	E: Registered 13. 1.1 TI 1.2 NJ 1.3 S 1.4 Cl 2.1 TI 2.2 NJ	TLE AME TREET TTY-ST	nt signature requ			S TO OFF		☐ Chan	ge 	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE	13. 1.1 TI 1.2 NV 1.3 S 1.4 CI 2.1 TI 2.2 Nv 2.3 S	TLE AME TREET TY-ST TLE AME	r ADDRESS			S TO OFF		Chan	ge ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTI	13. 1.1 TI 1.2 NV 1.3 S 1.4 CI 2.1 TI 2.2 Nv 2.3 S	TLE AME TREET TLE AME TREET TLE AME TREET	T ADDRESS			S TO OFF		☐ Chan	ge ge	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE	13. 1.1 Π 1.2 N 1.3 S 1.4 CI 2.1 Π 2.2 N 2.3 S 2.4 C	TLE AME TREET TLE AME TREET TLE TREET TLE TREET	T ADDRESS			S TO OFF		Chan	ge ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE	13. 1.1 TI 1.2 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV	TLE TREET TITY-ST TLE AME TREET TLE AME TREET TLE AME TREET	T ADDRESS			S TO OFF		Chan	ge ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE CTORS DELETE DELETE	13. 1.1 TI 1.2 Nu 1.3 S 1.4 CI 2.1 TI 2.2 Nu 2.3 S 2.4 C 3.1 TI 3.2 Nu 3.3 S'	TLE TREET TITY-ST TLE AME TREET TLE AME TREET TLE AME TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			S TO OFF		☐ Chan	ge ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE	13. 1.1 TI 1.2 Nu 1.3 S 1.4 CI 2.1 TI 2.2 Nu 2.3 S 2.4 C 3.1 TI 3.2 Nu 3.3 S'	TLE AME TREET TLE AME TREET TLE AME TREET TLE AME TREET TLE AME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			S TO OFF		Chan	ge ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE CTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 Nu 1.3 S' 1.4 CI 2.1 TI 2.2 Nu 2.3 S' 2.4 C 3.1 TI 3.2 Nu 3.3 S' 3.4 C 4.1 TI	TLE AME TREET TLE AME TREET TLE AME TREET TLE AME TREET TLE AME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			S TO OFF		☐ Chan	ge ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE CTORS DELETE DELETE	E: Registered 13. 1.1 Π 12 N 1.3 S 1.4 C 2.1 π 2.2 N 2.3 S 2.4 C 3.1 Π 3.2 N 3.3 S 3.4 C 4.1 Π 4.2 N	TILE AME TREET TILE AME TREET TILE AME TREET TILE TILE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			S TO OFF		☐ Chan	ge ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE CTORS DELETE DELETE	13. 1.1 II 1.2 Nu 1.3 S 1.4 Cl 2.1 π 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	TILE AME TREET TILE AME TREET TILE AME TREET TILE TILE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS			S TO OFF		☐ Chan	de de de	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTE CTORS DELETE DELETE	13. 1.1 II 1.2 Nu 1.3 S 1.4 Cl 2.1 π 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	TLE TREET TTLE AME TREET TTLE AME TREET TTLE AME TREET TTLE TTLE TTLE TTLE TTLE TTLE TT	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS			S TO OFF		☐ Chan	de de de	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTI CTORS DELETE DELETE DELETE	13. 1.1 II 1.2 Nu 1.3 S 1.4 CI 2.1 π 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI	TILE TITE TITE TITE TITE TITE TITE TITE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS			S TO OFF		☐ Chan	de de de	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTI CTORS DELETE DELETE DELETE	13. 1.1 II 1.2 Nu 1.3 S 1.4 Cl 2.1 π 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 Cl 5.1 Ti 5.2 N	TILE AME TITEET TILE AME TITEET TILE AME TITEET TILE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE TITE AME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS			S TO OFF		☐ Chan	de de de	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTI CTORS DELETE DELETE DELETE	13. 1.1 II 1.2 Nu 1.3 S 1.4 CI 2.1 π 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 CI	TLE AME TREET TIY-ST TLE AME TREET TREET TREET TREET TREET TREET TIY-ST TLE AME TREET TIY-ST TILE AME TREET TIY-ST TILE TIY-ST TILE TIY-ST	T ADDRESS T-ZIP			S TO OFF		☐ Chan	ge ge	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTI CTORS DELETE DELETE DELETE	13. 1.1 II 1.2 Nu 1.3 S 1.4 Cl 2.1 π 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 Cl 5.1 TI 5.2 N. 5.3 S	TLE AME TREET TIY-ST TLE AME TREET TREET TREET TREET TREET TREET TIY-ST TLE AME TREET TIY-ST TILE AME TREET TIY-ST TILE TIY-ST TILE TIY-ST	T ADDRESS T-ZIP			S TO OFF		☐ Chan	ge ge	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTI CTORS DELETE DELETE DELETE DELETE	13. 1.1 II 1.2 Nu 1.3 S 1.4 CI 2.1 π 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 CI	TLE AME TREET TILE TILE TILE TILE TILE TILE TILE T	T ADDRESS T-ZIP			S TO OFF		☐ Chan	ge ge	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI FL 33176	nt and title if	applicable. (NOTI CTORS DELETE DELETE DELETE DELETE	13. 1.1 II 1.2 Nu 1.3 S' 1.4 Cl 2.1 π 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S' 4.4 Cl 5.1 TI 5.2 N. 5.3 S' 5.4 Cl 6.1 TI 6.2 N.	TLE AME TREET TITY-SI TILE AME	T ADDRESS T-ZIP			S TO OFF		☐ Chan	ge ge	Addition Addition Addition

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 of 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, with all other like empowered.

SIGNATURE: