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

POCUMENT # P97000035754 (5)

SALONJ', INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						*
11000 SW 161ST TERRACE 11000 SW 161ST TERRACE						
MIAMI FL 331	57	MIAMI FL 93157				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/22/1997
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65–0746565 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	9	City & State				Election Campaign Financing \$5.00 May Be
23		28 Country				Trust Fund Contribution Added to Fees
Zıp	Country	Zφ	30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 2 Yes No
24	9. Name and Address of Current	[29] Registered Agent	[30]	Γ		10. Name and Address of New Registered Agent
00				81	Name	
POWELL, ALDWYN 11030 SW 161ST TERRACE					. O	III (DO D- Al I III No Accordable)
	MI FL 33157			B2 Str		dress (P.O. Box Number is Not Acceptable)
muz	WII 1 L 33137			B3		1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•						les To Code
				64	City	FL 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						
office or r	egistered agent, or both, in the State om familiar with, and accept the obligation	of Florida, Such change was tions of Section 607,0505, Fl	authorize orida Stal	d by tutes	the corpor	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	The state of the s					
SIGNATURE	Signature, typed or printed name of registered agen			d Age	nt signature rec	quired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE		1.1 TETLE		Change Addition
NAME	POWELL, ALDWYN			1.2 NAME		
STREET ADDRESS	11030 SW 161ST TERRACE				ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	T DILLIE		1.4 CITY-ST-ZIP		Change Addition
TITLE	D DEFELE			2.1 THILE		C Glarge C Roomon
NAME	MCINTOSH, GEORGETTE			2.2 NAME		
STREET ADDRESS	11030 SW 161ST TERRACE			2.3 STREET ADDRES		
CITY-ST-ZIP	MIAMI PL 3315/	MIAMI FL 33157		2. 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
· ·				3.2 NAME		
NAME CYNCEY ADDRESS				3.3 STREET ADDRESS		
STREET ADDRESS	1		•			
CITY-ST-ZIP TITLE		DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.21			· · · _
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-\$		
TITLE		DELETE	5.1 Ti			Change Addition
NAME		_	5.2 N			;
STREET ADDRESS					ADDRESS	
CITY-SI-ZIP				ITY-S		
TITLE				6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP			1	TY-S		
	cording that the information supplied we	b this filing does not qualify				in Section 119.07(3)(i). Florida Statutes. I further certify that the information

reflect certify that the information supplied with this tiling does not qualify for the exemption stated in decord 119.07(3)(), Florida Statutes. Indicates in 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 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 changes, and that my name appears in

SIGNATURE: