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

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90006 024 ***150.00

DOCUMENT # P97000035754 (5)

1. Corporation Name

SALONJ', INC.

Principal Place of Business	Mailing Address
1205 NE 163RD STREET, SUITE #127 NORTH MIAMI BEACH, FLORIDA 33162	1205 NE 163RD STREET SUITE #127 NORTH MIAMI BEACH, FLORIDA 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1997

2. Principal Place of Business	2a. Mailing Address
21 1205 NE 163RD STREET	26 1205 NE 163RD STREET
Suite, Apt. #, etc. 22 127	Suite, Apt. #, etc. 27 127
City & State 23 NORTH MIAMI BEACH, FL	City & State 28 NORTH MIAMI BEACH, FL
Zip / Country 24 33162 25	Zip / Country 29 33162 30

4. FEI Number: 65-0746565 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWELL, ALDWYN 15035 SW 153RD AVENUE MIAMI, FLORIDA 33196	81 Name: ALDWYN POWELL 82 Street Address (P.O. Box Number is Not Acceptable): 15035 SW 153RD AVENUE 83 84 City: MIAMI FL 85 Zip Code: 33196

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME		1.2 NAME	ALDWYN POWELL
STREET ADDRESS		1.3 STREET ADDRESS	15035 SW 153RD AVENUE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FLORIDA, 33196
TITLE	☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME		2.2 NAME	GEORGETTE MCINTOSH
STREET ADDRESS		2.3 STREET ADDRESS	15035 SW 153RD AVENUE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33196
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: AP ALDWYN POWELL, Director, 04-05-99 (305)940-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #