

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  
May 14 1998 8:00am  
Secretary of State

DOCUMENT # P97000037592 (7)

1. Corporation Name  
**LILIAN BEAUTY SALON, INC.**

Principal Place of Business  
**7743 JOHNSON STREET  
PEMBROKE PINES FL 33024**

Mailing Address  
**7743 JOHNSON STREET  
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**04/25/1997**

4. FEI Number

**65-0748872**

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BENCOSME, ISIDORA  
7743 JOHNSON STREET  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name

**CARLOS BENCOSME**

82 Street Address (P.O. Box Number is Not Acceptable)

**8881 N.W. 3 STREET**

83

84 City

**PEMBROKE PINES**

**FL**

85 Zip Code  
**33024**

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

*Carlos Bencosme*

**04/27/98**

DATE

Signature, typed or printed name of registered agent, and title if applicable

(NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

**ISIDORA BENCOSME**

**8881 N.W. 3 STREET**

**PEMBROKE PINES, FL 33024**

**S/RA**

**CARLOS BENCOSME**

**8881 N.W. 3 STREET**

**PEMBROKE PINES, FL 33024**

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:

*Isidora Bencosme*

**04/27/98 (954) 981-2323**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

0137610

CR2E034 (10/97)