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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092228 (0)

NATURAL BEAUTY SALON, INC.

FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 13780-E SW 56TH ST 13790-E SW 56TH ST MIAMI FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0796105 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MENENDEZ. MERCEDES 8851 NW 119TH ST, APT 6206 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33018 83 84 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition ☐ Change TITLE 1.1 TITLE NAME MENENDEZ, MERCEDES 1.2 NAME 8851 NW 119TH ST, APT 6206 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33018 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition ☐ Change 2.1 TITLE TITLE **CALANA, CLEMENTE** NAME 2.2 NAME 8851 NW 119TH ST, APT 6206 STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33018 2.4 CITY-ST-ZIP CITY-ST-ZIP __ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.

DIONATURE Mara la 3/10 de la 1297