

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90076 036 ***150.00

DOCUMENT # P97000092228

1. Corporation Name
NATURAL BEAUTY SALON, INC.

Principal Place of Business

**13790-E SW 56TH ST
MIAMI FL 33175**

Mailing Address

**13790-E SW 56TH ST
MIAMI FL 33175**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number
65-0796105

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**MENENDEZ, MERCEDES
8851 NW 119TH ST, APT 6206
HIALEAH FL 33018**

10. Name and Address of New Registered Agent

81 Name **JULIA RODRIGUEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
5626 SW 1ST ST

83

84 City **MIAMI** **FL** 85 Zip Code **33134**

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 *Julia Rodriguez*
Signature, typed or printed name of registered agent and agent if applicable

JULIA RODRIGUEZ

02/24/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE **P**
NAME **MENENDEZ, MERCEDES**
STREET ADDRESS **8851 NW 119TH ST, APT 6206**
CITY-ST-ZIP **HIALEAH FL 33018**

☒ DELETE

TITLE **V**
NAME **CALANA, CLEMENTE**
STREET ADDRESS **8851 NW 119TH ST, APT 6206**
CITY-ST-ZIP **HIALEAH FL 33018**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE **P**
1.2 NAME **JULIA RODRIGUEZ**
1.3 STREET ADDRESS **5626 SW 1ST ST**
1.4 CITY-ST-ZIP **MIAMI FL 33134**

☐ Change ☒ Addition

2.1 TITLE **V**
2.2 NAME **JOSE R RODRIGUEZ**
2.3 STREET ADDRESS **5626 SW 1ST ST**
2.4 CITY-ST-ZIP **MIAMI FL 33134**

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: *Julia Rodriguez* **JULIA RODRIGUEZ** **02-24-99** **305-386-0604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)