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

DOCUMENT # P97000093215 (6)

GERMANI'S BEAUTY SALON CORP. Principal Place of Business Mailing Address 3535 NW 17TH AVE 3535 NW 17TH AVE **MIAMI FL 33142** MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0794424 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Žip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GONZALEZ, GERMANIA 3535 NW 17TH AVE Street Address (F.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 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** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE ALAYON, LUIS ALFONSO NAME 1.2 NAME 1875 NW 33TH ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GONZALEZ, GERMANIA 3535 NW 17TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change __ Addition TITLE NAME 6.2 NAME

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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

CICNATURE.

STREET ADDRESS

CITY-ST-ZIP

No.

L Semone domolo 305- 637-949

FILED

May 04 1998 8:00am

Secretary of State