PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

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1. Corporation Name
GERMANI'S BEAUTY SALON CORP.

Principal Place of Business	Mailing Address
3535 NW 17TH AVE MIAMI FL 33142	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1997

2. Principal Place of Business 21	2a. Mailing Address 26 1875 NW 33rd St.	4. FEI Number 65-0794424
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23	City & State 28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee
Zip / Country 24 / 25	Zip / Country 29 33142 / 30 DADE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GONZALEZ, GERMANIA
3535 NW 17TH AVE
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name: GERMANIA GONZALEZ
82 Street Address (P.O. Box numbers are not acceptable): 1875 NW 33RD ST.
83
84 City: MIAMI FL 85 Zip Code: 33142

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: + Germania Gonzalez DATE: 4/22/98
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changed.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	ALAYON, LUIS ALFONSO		1.2 NAME	
STREET ADDRESS	1875 NW 33TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	GONZALEZ, GERMANIA		2.2 NAME	
STREET ADDRESS	3535 NW 17TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: Germania Gonzalez + Germania Gonzalez 305-637-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0202467