FILE NOW: FILING FEE AFTER MAY 1ST IS $…

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1999 SEP 13 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093215 VoF

1. Corporation Name
GERMANI'S BEAUTY SALON CORP.

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

05/17/99 90028 030
DO NOT WRITE IN THIS SPACE 158.75

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

4. FEI Number: 65-0794424 — App. / ☒ Not

5. Certificate of Status Desired ☒ — $8.75 Fee Req.

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 Added

8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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: CULPEPPER, BELGICA
82 Street Address (P.O. Box Number is Not Acceptable): 905 BRICKELL BAY DR. #431
84 City: MIAMI FL 85 Zip: 33131

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: Belgica Culpepper (President) — 4/19/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE	1 1 TITLE	PRESIDENT	☒ Change
NAME	ALAYON, LUIS ALFONSO		1 2 NAME	CULPEPPER, BELGICA	
STREET ADDRESS	1875 NW 33TH ST		1 3 STREET ADDRESS	905 BRICKELL BAY DR. #431	
CITY-ST-ZIP	MIAMI FL 33142		1 4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SD	☒ DELETE	2 1 TITLE	SECRETARY	☒ Change
NAME	GONZALEZ, GERMANIA		2 2 NAME	GONZALEZ NANCY	
STREET ADDRESS	3535 NW 17TH AVE		2 3 STREET ADDRESS	999 BRICKELL BAY DR. #965	
CITY-ST-ZIP	MIAMI FL 33142		2 4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ DELETE	3 1 TITLE		☐ Change
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change
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, with all other like empowered.

SIGNATURE: Belgica Culpepper (President) 4/19/99 AD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR