

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90008 012 \*\*\*150.00

DOCUMENT # **P98000011694**

1. Corporation Name

**FAME BEAUTY SALON, INC.**



Principal Place of Business  
**11180 WEST FLAGLER STREET #5  
MIAMI FL 33174**

Mailing Address  
**11180 WEST FLAGLER STREET #5  
MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/05/1998**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**65-0814375**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

**81**

Name

**SANDRA M CHICA**

**82**

Street Address (P.O. Box Number is Not Acceptable)

**11180 W FLAGLER ST #5**

**83**

**84**

City

**MIAMI**

**FL**

**85**

Zip Code

**33174**

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 **Sandra M Chica**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **CHICA, SANDRA M**  
STREET ADDRESS **11180 WEST FLAGLER STREET #5**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **STD** ☐ DELETE  
NAME **BONILLA, MARTA P**  
STREET ADDRESS **11180 WEST FLAGLER STREET #5**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE: **Sandra M Chica**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

PA800011694  
599600-90008-12

Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear-Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my reinstatement application.

I also state that I have not received any notice from the Division of Corporations in respect with the corporation **FAME BEAUTY SALON, INC.**

Thank you for your courtesy in this matter.

*Sandra M. Chica*  
SANDRA M. CHICA  
PRESIDENT