


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90089 033 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000055406</b> 1. Corporation Name <b>HONEY OF MIAMI BEAUTY SALON, INC.</b>					
Principal Place of Business <b>4876 NW SEVENTH STREET</b> <b>MIAMI FL 33126</b>			Mailing Address <b>4876 NW SEVENTH STREET</b> <b>MIAMI FL 33126</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified <b>06/22/1998</b>			4. FEI Number <b>* 65-086-8912</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable <b>\$8.75</b> Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			<b>\$5.00</b> May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>CANERA, EDUARDO ESO</b> <b>4864 NW SEVENTH STREET</b> <b>MIAMI FL 33126</b>			10. Name and Address of New Registered Agent 81 Name <b>JACOBO VILLAS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8035 S. W. 1st Street</b> 83 84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33144</b>		
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 <i>[Signature]</i> <b>JACOBO VILLAS</b> DATE <b>4-24-99</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>TRIANA, GRACE DE LOS SANTOS</b> STREET ADDRESS <b>4876 NW SEVENTH STREET</b> CITY-ST-ZIP <b>MIAMI FL 33126</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>GRACE de los Santos</b> 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>SECRETARY</b> 2.3 STREET ADDRESS <b>JOSE TRIANA</b> <b>3495 West 1st Ave</b> <b>MIAMI FL 33012</b> 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (11/98)