FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800076629

1. Corporation Name

HELEN BEAUTY SALON, CORP.

Principal I	Place	of E	Business
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FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90024 026 ***150.00



Principal Place	e of Business	Mailing Address		1 188 (188) 118 (818) (811) 4411 4411		
2655 N.W22 C	OURT	2655 N.W22 COURT			•	
MIAMI FL 33142	2	MIAMI FL 33142		DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed		
	•			09/02/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied	d For
120	W. FLAGIER	26 1701 W.F	Cooler	65-0861435		plicable
Suite, Apt.		Suite, Apt. #, etc.		To Was control of the	\$8.75 Addi	tional
22 #4	and the same of th	- 27 - # C		_5. Certificate of Status Desired : [-]	Fee Requir	ed * **
City & State	8	City & State	6.	6. Election Campaign Financing	\$5.00 May	y Be
23 MiA	mi PC	28 Mismi	M.	Trust Fund Contribution	Added to Fe	ees
Zip	Country	Zip	Country	8. This corporation owes the current ye		
24	33131 25 Dade	29 33(31 30	D04c	Personal Property Tax.	Yes ∭XI	40
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ered Agent	
0.110	DOVAL DEBORIA		81 Name			
	DOVAL, HEROINA		82 Street Addr	ress (P.O. Box Number is Not Acceptable) W FLA G.R.N		
	N.W22 COURT		1701	w. Flablen		
MIAN	/II FL 33142		83 # L			
			84 City		85 Zip Code	e
	•		MIA		FL 330	/34
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its regi	istered
oπice or re agent. I ai	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was additionally the properties of the p	Statutes.	ons board of directors. Thereby accept the	1 /	
SIGNATURE	A = A + A + A + A + A + A + A + A + A +	andrie :	- D	۷	1/5/99	\
	Signature, typed or printed name of registered ag		gistered Agent signature require		TE AND DIDECTORS	151.42
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		Addition
TITLE	D	☐ DELETE	1.1 TITLE			
NAME	SANDOVAL, HEROINA		1.2 NAME		,	. }
STREET ADDRESS	2655 N.W22 COURT	'	1.3 STREET ADDRESS		•	j
CITY-ST-ZIP	MIAMI FL 33142	Document	1.4 CITY-ST-ZIP		Change [Addition
TITLE	D	☐ DELETE	2.1 TITLE		□ Orange L	
NAME	GARCIA, JUAN A		2.2 NAME		v.	-
STREET ADDRESS	2655 N.W22 COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP -	-MIAMI-FL 33142		2.4 CITY-ST-ZIP		- Closedos - F	- Addition
TITLE		☐ DELETE	3.1 TITLE		Change [2] AUGILION
NAME			3.2 NAME			
STREET ADDRESS	,		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		53.0	7 4 4 30 -
TITLE		☐ DELETE	4.1 TITLE		Change [Addition
NAME	-	•	4.2 NAME			
STREET ADDRESS	in.		4.3 STREET ADDRESS			}
CITY-ST-ZIP	`		4.4 CITY-ST-ZIP	,		7.415
TITLE	· · · .	☐ DELETE	5.1 TITLE		Change [Addition
NAME			5.2 NAME	·	•	ļ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		•	5.4 CITY-ST-ZIP			
TTLE		☐ DELETE	6.1 TITLE		Change [Addition
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 any address, with all other like empowered.