

05101999-90055-019-\$150.00-\$150.00

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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90055 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000089022 1. Corporation Name PROMISES BEAUTY CENTER, INC.					
Principal Place of Business 2123 CORAL WAY MIAMI FL 33145			Mailing Address 2123 CORAL WAY MIAMI FL 33145		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country			2a. Mailing Address 21 Suite, Apt. #, etc. City & State Zip Country		
3. Date incorporated or Qualified 10/19/1998			4. FBI Number 65-0871913		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No			8. Name and Address of Current Registered Agent GOMEZ, MARIA 2123 CORAL WAY MIAMI FL 33145		
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			10. Name and Address of New Registered Agent		
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>Manuel Gomez</i> DATE					
12. OFFICERS AND DIRECTORS TITLE D GOMEZ, MARIA NAME 2123 CORAL WAY STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP [DELETE]					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [Change] [Addition]					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [Change] [Addition]					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [Change] [Addition]					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [Change] [Addition]					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [Change] [Addition]					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Change] [Addition]					

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

Deputy State

CR2E034 (1/1988)