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

DOCUMENT # **P98000105077**

CURIOSITY REALITY SALON INC

99 OCT -4 AHII: 14

SECREDALY OF STATE TALLAHASSEE, PLORIDA

FILED

Oornoc	SITI DEROTT GALON, INC.					
Principal Pta	ace of Business	Mailing Address				0 0 0 10 0 0
941 N.E. 125T		941 N.E. 125TH STREET			15	
NORTH MIAMI FL 33161 NORTH MIAMI FL						
					DO NOT WRITE IN TI	HIS SPACE
					3. Date incorporated or Qualified 12/17/1998	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0884435	Not Applicable
Suite, Ap	it #, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
23	,	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	⊢ η	intry	8. This corporation owes the current year	
24	[25]	29	30	Ţ	Intangible Personal Property.	Yes No
-	9. Name and Address of Curr	ent Registered Agent		100	10. Name and Address of New Register	ed Agent
عميان	RETUENTARETH		İ	81 Name VENU	JS JEAN-GUILLAUME	
270	rezxemzabern (XXX 110 s.w. 120th Avenue Road)		ļ		ress (P.O. Box Number is Not Acceptable)	
XMM	MA KU 1303 XXXXX					
WHA	uni 1-6-00002		ļ	83 1220 N	III 199 emprem	
					W 122 STREET	85 Zip Code
1				1.1, WI	^{AMI} F	L 85 Zip Code 33168
office of agent	or registered agent, or both, in the Sta I am familiar with, and accept the oble - You was a pointed mane of registered a	r- Sullaur	ros		oration submits this statement for the purpose of on's board of directors. I hereby accept the ap	4199
12.		gent and the if applicable. (N	13.	ered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	· ·
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	NORTH MIAMI FL 33161					
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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 changer1, or on an attachment with an address.

SIGNATURE: 1