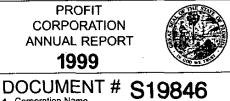
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90232 010 ***150.00

VOGUE	SALON, INC.				1 (4.8) (1.1) (1.1) (1.1) (1.1)		11 8 11 3 1811 18 3 1
Principal Place	e of Business	Mailing Address					***
1100 S FEDERAL HWY 1100 S FEDERAL HWY							
S4 SF. BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435					DO NOT WRIT	E IN THIS SPACE	
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435					3. Date Incorporated or Qualifed		1
					12/17/1990		
2. Principal Place of Business 2a. Mailing Address				 -	4. FEI Number	Ap	plied For
26					65-0240266	No	t Applicable
		Suite, Apt. # etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired-	□	
City & State City & State			4.0		6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year intangible	_
24		29 30			Personal Property Tax.	I Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New R	egistered Agent	
				Name A	Anna Quaranta		
LAZO, ROBERTO			82	Street Ad	ess (P.O. Box Number is Not Acceptable)		
1403 W. BOYNTON BEACH BLVD				95	575 Sun Pointe L)	
#11-K			83				
BOYNTON BEACH FL 33428				City B	oynton Beach	FL 85 Zip 0	Code 3437
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the abov	e-named co	rporation submits this statement for the	ourpose of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was auth	IONZEN DV	rne corpora	ntion's board of directors. I hereby accep	I lig 19, 9	gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Ager	nt signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DRS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	QUARANTA, ANNA		1.2 NAME				
STREET ADDRESS	1 1111		1.3 STREE	TADDRESS	•		
CITY-ST-ZIP	BOYNTON BEACH FL 334	137	1.4 CITY-S	T-ZIP			
TITLE	-	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	DRESS		2.3 STREE	TADDRESS			l
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	* * ± · · · · · · · · · · · · · · · · ·		, v
TITLÉ			3.1 TITLE			Change	☐ Addition
NAME	}		3.2 NAME	1			1
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ acter	3.4. CITY-5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE	ļ		☐ cuaida	L Addition
NAME			4, 2 NAME				Į
STREET ADDRESS			1	T ADDRESS			1
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY-S	T-ZiP		Change	Addition
TITLE	}		5.1 TITLE 5.2 NAME	ļ		: Change	
NAME	•	•		T ADDRESS			
STREET ADDRESS	'		5.4 CITY-9		•		
CITY-ST-ZIP		DELETE	6.1 TITLE	, 1 - £3f		Change	Addition
NAME 5 '		□ pereic	6.2 NAME				
NAME			•	TADDRESS			ł
OTHERT ADDRESS			_ 0.0 0 114.5				

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, of on an attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS