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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sandra B. Mortham
Secretary of State
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

S31460

(6)

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AIDA	HEALTH & BEAUTY 🌉, I	NC.				2	H 97 ****200.00 *****200.00
						<u> </u>	
Principal Place of Business Mairing Address						i impirato (an ilifi ilair diain diili delli dibit	
9743 NW 20TH STREET CORAL SPRINGS FL 33071			9743 NW 20TH STREET CORAL SPRINGS FL 33071				
							3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995
			Mailing Address				4. FEI Number Applied For
21 Suite Ant. II oto			O do Ant a na				65-0323751 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			Orty & State				6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip [24]			Zip Country				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ▼ No
	25 9. Name and Address of Current	29 Regis	tered Agent	30	т		Florida Statutes
	<u> </u>				81	Name	10. Name and Address of New registered Agent
CHOT	OVINSKY, DANUSE				82	Street Addres	ss (P.O. Box Number is Not Acceptable)
' · 9743 I	NW 20 ST						
CORA	L SPRINGS FL 33331				83		
•					84	City	FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607,0502	and 60	7 1508, Florida Statute	es, the ab	ove-n	named corporati	tion 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 .							
	Signature, typed or printed name of registered agent a				a Agen	t signature required w	
12.	OFFICERS AND	DIREC	DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	D Chotovinsky, Danuse		_ back		AME		
STREET ADDRESS			1.3 STREET A		ADDRESS		
City-St-Zip	CORAL SPRINGS FL				ITY-S		
TITLE	WAR IN MILIMINE J. L.		DELETE 2.1				☐ Change ☐ Addition
NAME			221		AME		_ · · _
STREET ADDRESS				2 3 STR		ADDRESS	
CITY-SI-ZIP				2.4 (ITY-S	T - ZIP	
TITLE	TLF .		☐ DELETE 3.17		TIFLE		Change Addition
NAME				3.2 N	AME	ı	
STREET ADDRESS				3 3.	STREET	ADDRESS	
CITY-ST-2IP TITLE			☐ DELETE		ITY-S	T - ZIP	FI Observe FI Addition
			Deceie		HTLE		Change Addition
NAME STREET ADDRESS				4.2 1		LODGECO	
CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 City-St-Zip			
TITLE			[] DELETE			1 - 215	Change Addition
NAME					IAME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP					TY-S		
TOLE			DELETE		TITLE		Change Addition
NAME				621	IAME		
STREET ADDRESS				635	TREET	ADDRESS	
CITY - ST - ZIP	<u> </u>				TY-S		
14. I do hereb	y certify that the information supplied w	ith this	filing is voluntarily furn	ished and	does	s not qualify for	the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

certify that the information indicated on this 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DISPETOR