

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 4:23

DOCUMENT # **S50640** (9)

1. Corporation Name:

BEAUTY SALON AT BRICKELL PLACE, CORP.



Principal Place of Business

**1925 BRICKELL AVENUE
D-302
MIAMI FL 33129
US**

Mailing Address

~~1901 BRICKELL AVE
SUITE 202-BLOCK B
MIAMI FL 33129~~

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **1925 Brickell Ave**

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/06/1991

3a. Date of Last Report

01/30/1995

4. FEI Number

65-0261900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ALVAREZ, MARIA J
1925 BRICKELL AVENUE
SUITE D-302
MIAMI FL 33129**

10. 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

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

Signature of person performing change of registered office and/or agent

Signature of person performing change of registered office and/or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPS
ALVAREZ, ALFONSO ARTURO**
STREET ADDRESS **1901 BRICKELL AVE., #202**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T
ALVAREZ, ALFONSO ARTURO**
STREET ADDRESS **1901 BRICKELL AVE., #202**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **V
ALVAREZ, MARIA J.**
STREET ADDRESS **1901 BRICKELL AVE., #202**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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.

SIGNATURE:

ALFONSO A. ALVAREZ 5-8-96 (305) 5951345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)