

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:47

DOCUMENT # V22956

(9)

1. Corporation Name

ALI & RO BEAUTY SALON INC.

Principal Place of Business

8870-1 SW 40TH ST.
MIAMI FL 33165
US

Mailing Address

8870-1 SW 40TH ST.
MIAMI FL 33165
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1992

3a. Date of Last Report

01/24/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0324117

Applied For

Not Applicable

22. Suite Apt # etc

27. Suite Apt # etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMACHO, MARIA R
3455 SW 99TH AVE.
MIAMI FL 33165

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 this 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 Sections 607.0502, Florida Statutes.

SIGNATURE

M. Rora Camacho

1/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PTDS
STREET ADDRESS	CAMACHO, MARIA R.
CITY & ZIP	3455 S.W. 99TH AVE
STATE	MIAMI FL
NAME	
STREET ADDRESS	
CITY & ZIP	
STATE	
NAME	
STREET ADDRESS	
CITY & ZIP	
STATE	
NAME	
STREET ADDRESS	
CITY & ZIP	
STATE	
NAME	
STREET ADDRESS	
CITY & ZIP	
STATE	

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the corporation is in good standing. I am an officer or director of the corporation or the manager or member of the corporation, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or member of the corporation, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

M. Rora Camacho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95

(315) 220-3997