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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V49033

(6)

1. Corporation Name

CAMELOT HOUSE OF BEAUTY, INC.



Principal Place of Business

2600 GALIANO
CORAL GABLES FL 33134

Mailing Address

2600 GALIANO
CORAL GABLES FL 33134-6113

3. Date Incorporated or Qualified

07/06/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0341715

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

BARONE, N. L.
250 BIRD RD
SUITE 312
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
NANCY VICENTE
82 Street Address (P.O. Box Number is Not Acceptable)
305 PONCE DE LEON
83 CORAL GABLES
84 City

FL

85 Zip Code
33134

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

Nancy Vicente

(NOTE: Registered Agent signature required when reinstating)

January 18/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VICENTE, NANCY	
STREET ADDRESS	305 PONCE DE LEON	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VP	☐ DELETE
NAME	VICENTE, RACHEL	
STREET ADDRESS	305 PONCE DE LEON	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	T	☐ DELETE
NAME	SANTIAGO, YVONNE	
STREET ADDRESS	410 LUENGA AVE	
CITY - ST - ZIP	CORAL GABLES FL	
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE:

Nancy Vicente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97

305 443 5953
Daytime Phone #

CR2E034 (9/96)