

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000098024

**Entity Name:** MIAMI HEALTH AND BEAUTY CORP.

**Current Principal Place of Business:**

9800 NW 77 AVE.  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

9800 NW 77 AVE.  
HIALEAH GARDENS, FL 33016

**FEI Number:** 47-2991790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMIREZ, EDUARDO  
9800 NW 77 AVE.  
HIALEAH GARDENS, FL 33016 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name RAMIREZ, ODALQUIS  
Address 9800 NW 77 AVE.  
City-State-Zip: HIALEAH GARDENS FL 33016

Title VP  
Name RAMIREZ, EDUARDO  
Address 9800 NW 77 AVE.  
City-State-Zip: HIALEAH GARDENS FL 33016

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ODALQUIS RAMIREZ

P

02/16/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date