

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL 27 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016384 (7)**

1. Corporation Name  
**ADELINE BEAUTY SALON, INC.**

Principal Place of Business Mailing Address  
**605 N.E. 127TH STREET MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/02/1994	
22		27		4. FEI Number	Applied For
23		28		65-0360160	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6	\$5.00 May Be Added to Fees
				8. This corporation has liability for delinquency under Section 607.0805, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BALTAZAR-DIAZ, ADELAIDE 605 N.E. 127TH STREET MIAMI FL 33161				81	Name		
				82	P.O. Box Number (if Not Applicable)		
				83			
				84	City		
				FL	85 Zip Code		

11. Pursuant to the provisions of Sections 607.0805 and 607.0808, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 hereby accepting the obligations of Section 607.0805, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 6/23/95

12. OFFICERS AND DIRECTORS		13	
1. NAME	PRESIDENT / CEO ADELAIDE BALTAZAR-DIAZ	1. NAME	PRESIDENT / CEO ADELAIDE - BALTAZAR - DIAZ
2. STREET ADDRESS	605 N.E. 127ST	2. STREET ADDRESS	605 N.E. 127ST MIAMI
3. CITY	MIAMI, FL 33161	3. CITY	FLA 33161
4. NAME	ACCOUNTANT ROBER A. WILSON	4. NAME	ACCOUNTANT ROBER A. WILSON
5. STREET ADDRESS	3813 E. WOODSCAPE DR	5. STREET ADDRESS	3813 E. WOODSCAPE DR
6. CITY	MIRAMAR, FLA 33032	6. CITY	MIRAMAR FL 33032
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	

14. I hereby certify that the information filed with this filing voluntarily furnished and that the corporation has been duly organized under Florida Statutes. I further certify that the information filed with this filing is true and correct, and that the corporation has been duly organized under Florida Statutes. I further certify that the information filed with this filing is true and correct, and that the corporation has been duly organized under Florida Statutes. I further certify that the information filed with this filing is true and correct, and that the corporation has been duly organized under Florida Statutes.

SIGNATURE: *[Signature]* DATE: 6/23/95 305-8957834/B

CR2E034 (3/95)