

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 10 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 # P95000026744 (9)

1. Corporation Name
DIVA'S HAIR STYLING SALON, INC.



Principal Place of Business: **3301 CORAL WAY
CORAL GABLES FL 33045**
Mailing Address: **3301 CORAL WAY
CORAL GABLES FL 33145-2264**

3. Date Incorporated or Qualified: **03/30/1995**
3a. Date of Last Report: **05/14/1996**
4. FEI Number: **65-0577558**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**BETANCOURT, VICTOR
3301 CORAL WAY
CORAL GABLES FL 33045**

10. Name and Address of New Registered Agent
81 Name: **MYRNA H. FUENTES**
82 Street Address (P.O. Box Number is Not Acceptable): **8615 N.W. 8TH ST APT. 111**
83
84 City: **MIAMI** FL 85 Zip Code: **33126**

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 hereby sworn and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **1-15-97**

12. OFFICERS AND DIRECTORS	
TITLE: DPT	<input checked="" type="checkbox"/> DELETE
NAME: BETANCOURT, VICTOR	
STREET ADDRESS: 3301 CORAL WAY	
CITY-ST-ZIP: CORAL GABLES FL 33045	
TITLE: DVS	<input type="checkbox"/> DELETE
NAME: FUENTES, MYRNA H	
STREET ADDRESS: 3301 CORAL WAY	
CITY-ST-ZIP: CORAL GABLES FL 33045	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Fuentes, Myrna H.	
1.3 STREET ADDRESS: 8615 N.W. 8TH ST. APT.	
1.4 CITY-ST-ZIP: MIAMI FL. 33126	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **1-15-97 (30)** DAYTIME PHONE #: **445-7667**

CR2E034 (9/96)