## **PROFIT** CORPORATION ANNUAL REPORT

CITY-ST-ZIP



STATE FLORIDA DEPARTMEL Katherine i Tris Secretary of State **DIVISION OF CORPORATIONS** 

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90165 009 \*\*\*600.00

## 1999 DOCUMENT # P98000073203

ANNIE'S	HAIR DESIGN CORP.		<del></del>						
Principal Place	e of Business	Mailing Address			- 188(188) 148 4818) 18	= \$211 PA(N 89111 PA(I I I			
2450 SOUTHWEST 137TH AVENUE 2450 SOUTHWEST 137 SUITE 221 SUITE 221 MIAMI FL 33175 MIAMI FL 33175			TH AVENUE		DO NOT WRITE IN THIS SI'ACE  3. Date Incorporated or Qualified  08/21/1998				
a Principal P	lace of Business	2a. Mailing Address			4. FEI Number	2220	Ap	plied For	
21	, or organism	26			65-0859	9839	No	ol Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status D	estred	\$8.75		
22	•	27	· ·		5. Contribute of Castas 2	· ·	Fee Re		-4
Cit / & Stat	i <del>o</del>	City & State			<ol><li>Election Campaign Fl</li></ol>		\$5.00		_
23		28			Trust Fund Contributi		Added t	O Fe65	
Zip	Country	Zip	Cont	ntry	g. This corporation owe:		ingible ∐Yes	□No	
24	25	29	30		Personal Property Ta 10, Name and Address	of New Registered A	·		-
	g, Hame and Address of Current	Registered Agent		81 Name	10. Name and Address	Of How registered ?	<u> </u>		
POT	TEN, /UNA MARGARITA		į						
	SOUTHWEST 137TH AVE.		ſ	B2 Street A	ddress (P.O. Box Number is No	ot Acceptable)		}	
	MI FL 33175		}	83					
l word	41 L 301/3		İ			<u> </u>			
ì			j	84 City		FL	35 Zip∢	Code	
office or r egent. ) a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of arm farmiliar with, and accept the obligations in board or grinted name of registered agent.				quired when minetabilg)	DATE			æ
SIGNATURE	am familiar with, and accept the obligation of the obligation of the second of the sec	and title if applicable. (NO				DATE	D DIRECTO	ORS IN 12	1/98)
1	Signature, typed or printed name of registered again	and title if applicable. (NO	TH: Registered	Agent signature re	quired when minetabilg)	DATE			(11/98)
SIGNATURE	Signature, typed or printed name of registered again	and title if applicable. (NO D DIRECTORS	13. 1.1 TII 1.2 NA	Agent signature re	quired when minetabilg)	DATE	D DIRECTO	ORS IN 12	034 (11/98)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered again OFFICERS AND	and title if applicable. (NO D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI	Agent signature re TLE ME REET ADDRESS	quired when minetabilg)	DATE	D DIRECTO	ORS IN 12	2F034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed manne of registered again OFFICERS AND PVS I BOTTEN, ANA MARGARITA	and title if applicable. (NO D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII	Agent signature re  LE  ME  REET ADDRESS  IY-ST-ZIP	quired when minetabilg)	DATE	D DIRECTO	PRS IN 12	CR2F034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET, DORESS	Signature, typed or printed name of registered again OFFICERS AND PVST BOTTEN, ANA MARGARITA 2430 SOUTHWEST 137TH AVE.	and title if applicable. (NC D DIRECTORS	13. 1.1 TII 12 NA 1.3 STI 1.4 CII	Agent signature re TLE ME REET ADDRESS TY-ST-ZIP TLE	quired when minetabilg)	DATE	D DIRECTO	ORS IN 12	- CR2F034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET JORESS  CITY-ST-ZIP	Signature, typed or printed name of registered again OFFICERS AND PVST BOTTEN, ANA MARGARITA 2430 SOUTHWEST 137TH AVE. MIAMI FL 33175 D BOTTEN, ANA MARGARITA	and title if applicable. (NO D DIRECTORS  DELETE	13. 1.1 TII 12 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA	Agent signature in TLE AME REET ADDRESS IY-ST-ZIP TLE AME	quired when minetabilg)	DATE	D DIRECTO	PRS IN 12	- CR2F034 (11/98)
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14. I hareby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(.), 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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.