

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V30524 (5)
 1. Corporation Name
ALDAMA BEAUTY SALON, INC.



Principal Place of Business 301 S.W. 12TH AVE. MIAMI FL 33130	Mailing Address 301 S.W. 12TH AVE. MIAMI FL 33130
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/22/1992	
4. FEI Number 65-0330209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GONZALEZ, MAIDY
2570 SW 140 AVE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name **Maria Teresa Delgado de Garcia**

82 Street Address (P.O. Box Number is Not Acceptable)
2125 S.W. 23 Terr.

83

84 City **Miami, FL** **85** Zip Code **33145**

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 *Maria Teresa Delgado de Garcia*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE PSTD	<input checked="" type="checkbox"/> DELETE
NAME GONZALEZ, MAIDY	
STREET ADDRESS 2570 SW 140 AVE	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GONZALEZ, MAIDY	
STREET ADDRESS 2570 SW 140 AVE	
CITY-ST-ZIP MIAMI FL	
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 President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Maria Teresa Delgado de Garcia	
1.3 STREET ADDRESS 2125 S.W. 23 Terr.	
1.4 CITY-ST-ZIP Miami, Fla. 33145	
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 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 address.

SIGNATURE: *Maria Teresa Delgado de Garcia*

CR2E034 (10/97)