

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10PZ

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000043251 (6)

1. Corporation Name

DESIGN 2000 BEAUTY SALON, INC.

Principal Place of Business

Mailing Address

10013 N.W. 7TH AVE.  
MIAMI FL 33150

10013 N.W. 7TH AVE.  
MIAMI FL 33150

FILED

97 AUG -5 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>06/18/1993   | 3a. Date of Last Report<br>06/07/1996 |
| 4. FEI Number<br>NOT APPLICABLE   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, JOHNNIE M  
10015 N.W. 7TH AVENUE  
MIAMI FL 33150

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| FL | 85 Zip Code  |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---|--|
| TITLE                      | D                   | 1.1 TITLE   |  |
| NAME                       | ALLEN, JOHNNIE M    | 1.2 NAME  |  |
| STREET ADDRESS             | 10015 N.W. 7TH AVE. | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33150      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 2.1 TITLE   |  |
| NAME                       |                     | 2.2 NAME  |  |
| STREET ADDRESS             |                     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 3.1 TITLE   |  |
| NAME                       |                     | 3.2 NAME  |  |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 4.1 TITLE   |  |
| NAME                       |                     | 4.2 NAME  |  |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 5.1 TITLE   |  |
| NAME                       |                     | 5.2 NAME  |  |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 6.1 TITLE   |  |
| NAME                       |                     | 6.2 NAME  |  |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 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.

CR2E034 (4/97)

2 of 2

# Memo

JOHNNIE M. ALLEN

From

July 31, 1997

To: Personal Report Section,

Report: Document #

093000043251

were sent to you on April 3,

1997, OK # 351 for \$165.00

and Report: Document #

597510 went out OK

April 3, 1997, OK # 4135

for \$165.00. The checks

were not returned from

the bank,

Enclosed please find the  
checks again and the  
reports filled out again.

Thanking you in advance.

Johnnie M. Allen  
Office Mgr.



DESIGN REALTY & MANAGEMENT, INC.  
10015 NORTHWEST 7th AVE.  
MIAMI, FL 33150  
Ph. 305-757-7067