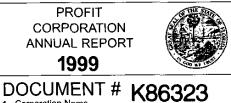
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90053 021 ***150.00

ALFONSO'S HAIR SALON, INC. Principal Place of Business Mailing Address ALFREDO L. GONZALEZ ALFREDO L. GONZALEZ 12232 SW 8 STREET 12232 SW 8 STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33184 MIAMI FL 33184 3. Date Incorporated or Qualifed 05/08/1989 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 65-0119598 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GONZALEZ, ALFREDO L. 82 Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVE STE. 400 83 **MIAMI FL 33133** Zip Code 85 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change [] Addition ☐ DELETÉ 1.1 TITLE TITLE NAME AROCHA, ALFONSO 1.2 NAME 12232 SW 8TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change [] Addition 2.1 TITLE TITLE AROCHA, ALFONSO 2.2 NAME NAME 2.3 STREET ADORESS 12232 SW 8TH ST STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 51 TITLE TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 address, with all other like empowered. Block 12 or Block 13 if changed, or on ar

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)