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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G03282

AMORTEGUI, TERESA

(2)

TERESA'S HAIR SALON, INC.

FILED Aug 26 1998 8:00am Secretary of State

Change

Addition

Principal Plac	e of Business	Mailing Address					
100 NW 82 AVE 100 NW 82 AVE							
S301 S301 PLANTATION FL 33324 PLANTATION FL 33324				DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 10/05/1982 		
· '	lac e o f Business	2a. Mailing Address	~າ		4. FEI Number	Applied For	
21		26		59-2220771	Not Applicable		
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z(p 24	Country 25	Ζφ 29	Gountr 30	у	This corporation owes or has paid the cu Personal Property Tax due June 30.	urrent year Intangible ☐ Yes ☐ No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	f Agent	
Í AM	ortegui, Heriberto		81	Name			
10406 NW 5TH MANOR			82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	 			
			84	City	FI	85 Zip Code	
Office of re	lo t he provisions of Sections 607.050 egi <mark>ster</mark> ed agent, or both, in the State m fam iliar with, and accept the obligi	ioi Honda. Such change was a	authorized o	v the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered	
SIGNATURE	Signature, typed or printed name of registered ago	ut and bits if acut cubis (NOT	F : Registered Ac	Kot éjavatura rad	juired when reinstating) DATE		
12.							
THLE	ĎV	DELETE	11 THLE			Change Addition	
NAME	AMORTEGUI, HERIBERTO 121		1.2 NAME	ľ	47.7		
STREET ADDRESS 10406 N.W. 5TH MANOR		1.3 STREE	I ADDRESS	3 *			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-	ST-ZIP			

10406 N.W. 5TH MANOR STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP THILE DELFTE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 8.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

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 Statutos. 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 13 if changed, or on an attachment with an address.

ICHATURE. STORAGERY IN COMMERCE CA

DELETE