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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K80762

(3)

**FILED** Jan 30 1998 8:00am Secretary of State

RENA	ssance hair boutique	E, INC.						
Principal Place of Business Mailing Address							III BIBII BEBII DEBII IBBI	
13710-D SW 56 ST 13710-D SW 56 ST MIAMI FL 33175 MIAMI FL 33175						. DO NOT WRITE IN THIS SPA	ACE	
						3. Date Incorporated or Qualified 04/17/1989		
2. Principal Place of Business 2a. Mailing Address			Address			4. FEI Number	Applied For	
21		26				65-0114886	Not Applicable	
Suite, Apt.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & 5				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	_	Count	ry	8. This corporation owes or has paid the curren		
24	25 25	29	3	10		Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent					1 Name		ent	
CUERVO, ALBA L. 13710-D SW 58 ST MIAMI FL 33175				L				
				8	82 Street Address (P.O. Box Number is Not Acceptable)			
				8	83			
				-				
				8	4 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		e (NOTE: F		gent signature	re required when reinstating) DATE		
12.		AND DIRECTORS	T December	13.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	NO PARTICULAR D		☐ DELETE	1.1 TITLE		12,0,2,0	Change	
NAME				1.2 NAMI		CUERVO, ALBA L		
STREET ADDRESS					ET ADDRESS	7380 S.W. 162 Ct. Miami, Fl. 33193		
CITY-ST-ZIP	Y	v	X DELETE	1.4 CITY 2.1 TITLE			Change Addition	
NAME	XXXXERWEXNEENAMBEXEK	<b>.</b>	Day week, p	2.2 NAMI			, change realisen	
STREET ADDRESS	XZGRY RAKKARABOKANENIJE	<b>;</b>			ET ADORESS			
CITY-ST-ZIP	XMAMKELX	•		2. 4 CITY				
_TITLE	_		DELETE	3.1 TITLE	****		Change Addition	
NAME				3.2 NAM				
STREET ADDRESS				3.3 STRE	et address			
CITY-ST-ZIP				3.4. CITY	-ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change Addition	
NAME				4. 2 NAM	E	]	ļ	
STREET ADDRESS				4.3 STRE	FT ADDRESS			
CITY-ST-ZIP				4.4 CITY				
TITLE			DELETE	E 4 TITLE		1	Change Addition	

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 an address.

64 CITY-ST-ZIP

5.2 NAME

6.1 TITLE 6.2 NAME 63 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

allen In Cuert

1-22-98

Change

Addition