

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

FILED

Feb 20 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **M99335** (5)  
1. Corporation Name  
**DANIA'S BEAUTY SALON, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>2681 N.W. 7TH STREET<br/>MIAMI FL 33125</b> | Mailing Address<br><b>2681 N.W. 7TH STREET<br/>MIAMI FL 33125</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country   |  | 3. Date Incorporated or Qualified<br><b>09/20/1988</b>  |  |
| 4. FEI Number<br><b>65-0068875</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |

9. Name and Address of Current Registered Agent

**GONZALEZ, DEIDANIA  
100 ROYAL PALM ROAD  
#204  
HIALEAH GARDENS FL 33010**

10. Name and Address of New Registered Agent

|  |                             |
|--|-----------------------------|
| 81 Name<br><b>DEIDANIA GONZALEZ</b>  | 85 Zip Code<br><b>33155</b> |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>5814 SW 41 ST.</b> |                             |
| 83   |                             |
| 84 City<br><b>MIAMI</b>  | FL                          |

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 *Deidania Gonzalez*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2/17/98*  
DATE

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P T<br/>GONZALEZ, DEIDANIA<br/>100 ROYAL PALM RD / STE-204<br/>HIALEAH GARDENS FL</b> <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>P.T.<br/>Gonzalez, deidania<br/>5814 SW 41 ST<br/>MIAMI FL 33155</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP S<br/>SANTILLANA, INGRID<br/>140 ROYAL PALM RD #111<br/>HIALEAH FL</b> <input type="checkbox"/> DELETE             | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>V.P.S<br/>Santillana, Ingrid<br/>8530 NW 751 St Miami Lakes<br/>FL, 33010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deidania Gonzalez*

*2/17/98*

CR2E034 (10/97)