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PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000000894**

DE ANGELA INTERNATIONAL HAIR STUDIO INC. Principal Place of Business Mailing Address 7100 W COMMERCIAL BLVD 7100 W COMMERCIAL BLVD SUITE 105 SUITE 105 LAUDERHILL FL 33319 LAUDERHILL FL 33319-2147 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1992 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0388532 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes Florida Statutes 25 ودا 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SALAZAR, ANGELA 7317 SW 8TH CT Street Address (P.O. Box Number is Not Acceptable) N LAUDERDALE FL 33068 83 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)TITLE DELETE 1.1 TITLE Change Addition SALAZAR, ANGELA 1.2 NAME 7317 SW 8TH COURT STREET ADORESS 1.3 STREET ADDRESS NORTH LAUDERDALE FL 1.4 CITY - ST - ZIP CHY-ST-7/P DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZII 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE Table 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS City - \$1 - 7(P) 3.4. CITY - \$T - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CUTY - S1 - 7IP DELETE Change 5.1 TITLE Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 5.4 CITY-ST-ZIP THE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADURESS CITY - S1 - ZIF 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 conformation or the receiver or justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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FILED Apr 21 1997 8:00am Secretary of State