

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000048436 (8)**

1. Corporation Name

PIZAZZ DI' SALON, INC.



Principal Place of Business

Mailing Address

1075 KANE CONCOURSE
BAY HARBOUR ISLAND FL 33154

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BAY HARBOUR ISLAND FL 33154

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

ALBA GOMEZ
1075 KANE CONCOURSE
BAY HARBOUR FL 33154

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

03/14/1995

4. FEI Number

65-0455193

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name: *Antoinette Blongelo*
82 Street Address (P.O. Box Number is Not Acceptable): *18561 WW 192nd*
83 *Pembroke Pines Fl 33029*
84 City: *Pembroke Pines* FL 85 Zip Code: *33029*

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 s. 607.0508, Florida Statutes.

SIGNATURE: *Sandra B. Morham*
Secretary of State

SIGNATURE: *Alba Gomez*
Registered Agent

3-27-96

12. OFFICERS AND DIRECTORS		
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	DEANGELO, ANTOINETTE	
STREET ADDRESS	1075 KANE CONCOURSE	
CITY-STATE-ZIP	BAY HARBOUR ISLAND FL 33154	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, ALBA	
STREET ADDRESS	1075 KANE CONCOURSE	
CITY-STATE-ZIP	BAY HARBOUR ISLAND FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Antoinette Blongelo	
13 STREET ADDRESS	18561 WW 192nd Pembroke Pines	
14 CITY-STATE-ZIP	Fl 33029	
21 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RAUL H. ESPINOSA	
23 STREET ADDRESS	1301 N.E. 7th St # 511	
24 CITY-STATE-ZIP	Hollandale FL 33009	
31 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NESTOR D. ESPANOSA	
33 STREET ADDRESS	1301 N.E. 7th St # 511	
34 CITY-STATE-ZIP	Hollandale, FL 33009	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *Alba Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 305-86868E

CR2E034 (12/95)