


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 24 AM 8:15

**DOCUMENT # P93000064360 (9)**  
 1. Corporation Name  
**NELLYS BEAUTY SALON CORPORATION**



Principal Place of Business <b>3360 S.W. THIRD AVE. MIAMI FL 33129</b>	Mailing Address <b>3360 S.W. THIRD AVE. MIAMI FL 33129</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/14/1993</b>		3a. Date of Last Report <b>09/30/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0442590</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**AMAYA, NELLY**  
**3380 S.W. THIRD AVE.**  
**MIAMI FL 33129**

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMAYA, NELLY</b>
STREET ADDRESS	<b>2375 N.E. 137TH ST.</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33180</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMAYA, PEDRO</b>
STREET ADDRESS	<b>2375 N.E. 137TH ST.</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33180</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>000002252690--9</b>
1.3 STREET ADDRESS	<b>-07/30/97--01077--023</b>
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)

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Miami, July 21, 1997.-

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O.BOX 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

I received this notice that according to you is a SECOND NOTICE but I did not receive the first one that's why I did not pay up on time I am enclosing a check for the \$165.00 dollars fee to pay for the annual report even though you are saying is a SECOND NOTICE but if I did not receive the first one I do not think I should be liable to pay the amount of \$550.00 dollars you are stating hoping you could do something for me on this regard I am enclosing the check with this SECOND NOTICE. Awaiting your response.

Sincerely Yours,

  
\_\_\_\_\_  
PEDRO AMAYA