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 # P94000021207 (3)

DIAMOND & PEARLS HAIR SALON, INC.

FILED Mar 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						MARI IN aka Imah da)11 18 01 10 01	
1121 NW 29 TERR 1121 NW 29 TERR								
FT LAUDERDALE FL 33311 FT LAUDERDALE FL 333				1				
					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						03/15/1994	1 1.	
	lace of Business	2a. Mailing	Address			4. FEI Number	 -	pplied For
21 Suite Apt 4 ste		26				65-0475873		ot Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.			6. Certificate of Status Desired		Additional equired
City & State		City & S	City & State			6 Floating Community Financing		
23			28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	т	Coun	trv	8. This corporation owes or has paid the o		
24	25	29	ļ.	30	. ,	Personal Property Tax due June 30.		No
	9. Name and Address of Curre					10. Name and Address of New Registers		
WA	LDEN, ANNIE				Name			
1121 NW 29 TERR				١.	2 Street Add	leas (D.O. Bou Number is Net Assertable)		
FT LAUDERDALE FL 33311			ľ	Street Add	ress (P.O. Box Number is Not Acceptable)			
ì				1	13	,		
				L				
				6	4 City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508,	Florida Statute	s, the abo	ove-named corp	poration submits this statement for the purpose	of changing if	ts registered
l office or re	egistered agent, or both, in the State	e of Florida, Such	change was at	uthorized	by the corpora	ition's board of directors. I hereby accept the a	ppointment as	registered
agent Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed nume of registered ag	ert and little if applicable	(NOTE	Registered /	Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 T(TL	E		Change	Addition
NAME	WALDEN, ANNIE			1.2 NAM	NE			
STREET ADDRESS	1121 NW 29 TERR			1.3 STR	EET ADORESS	•		Į.
CITY-ST-ZIP	FT LAUDERDALE FL 33311			1.4 CITY	- ST- ZIP			
TITLE	D		DELETE	2.1 TITL			☐ Change	Addition (
NAME	BENNETT GWENDOLYN			2 2 NAM	E			ļ
STREET ADDRESS	449 IOWA AVENUE			2 3 STR	ET ADDRESS			
CITY-ST-ZIP	ft. Lauderdale fl			2 4 CIT	Y-ST-ZIP			
TITLE		T	DELETE	3 1 TITL			Change	Addition
NAME				3.2 NAN	IE .			l
STREET ADDRESS				3.3 STR	ET ADDRESS			.
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP			
TITLE		1	DELETE	4.1 TITL	<u> </u>		Change	Addition
NAME				4. 2 NAM	AE .			- 1
STREET ADDRESS				4.3 STR	EFT AODRESS			ì
CITY-ST-ZIP				4.4 CITY	-ST-ZIP			
TITLE		Ţ	DELETE	5.1 TITL	E		Change	Addition
NAME				5.2 NAM	IE			ľ
STREET ADDRESS				5.3 STR	ET ADDRESS			l
CITY-ST-ZIP				5.4 CITY	'-ST-ZIP			
TITLE			DELETE	6.1 TITL	E		Change	Addition
NAME				6.2 NAM	IE .			ļ
STREET ADDRESS				6.3 STR	ET ADDRESS			
CITY-ST-ZIP				6.4 CITY	'-ST-ZIP			

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.