

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000023452 (3)**

1. Corporation Name

**PEDRIN OF MIAMI AND ASSOCIATES HAIR REPLACEMENT
INC**

Principal Place of Business

**1140 W 50 ST
SUITE 403B
HIALEAH FL 33012**

Mailing Address

**1140 W 50 ST
SUITE 403B
HIALEAH FL 33012**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

**VALBUENA, PEDRIN A
1140 W 50 ST
SUITE 403B
HIALEAH FL 33012**

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

12/12/1995

4. FEI Number

65-0478088

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

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

Signature of person or persons authorized to sign for the corporation

Signature of Registered Agent (signature required for change of agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	VALBUENA, PEDRIN A	
STREET ADDRESS	7998 W 6 AVE	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE	VD	DELETE
NAME	VALBUENA, MAURA L	
STREET ADDRESS	7998 W 6 AVE	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE	STD	DELETE
NAME	VALBUENA, PEDRO I	
STREET ADDRESS	7998 W 6 AVE	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	Change	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)(k), 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 recorder 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OWNER
FEB 8-96**

**(300)
822-8273**

CR2E034 (12/95)