

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT #  
1. Corporation Name

P94000049392  
NEW BOLIVIANA BEAUTY SALON, INC.

Principal Place of Business

Mailing Address

7145 W. 35 AV.

HIALLAH, FL 33018

98 AUG 14 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 7145 W. 35 AV.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 7145 W. 35 AV.

29 City & State

25 FL 33018

30 Country

26 USA

31 Country

27

32

28

33

29

34

30

35

31

36

32

37

33

38

34

39

35

40

36

41

37

42

38

43

39

44

40

45

41

46

42

47

43

48

44

49

45

50

46

51

47

52

48

53

49

54

50

55

51

56

52

57

53

58

54

59

55

60

56

61

57

62

58

63

59

64

60

65

61

66

3. Date Incorporated or Qualified

6/28/94

4. FEI Number

65-0506512

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☒

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

RODRIGUEZ, ULISSES

82 Street Address (P.O. Box Number is Not Acceptable)

5822 W. 35 AV.

83

84 City

HIALLAH

85

FL

86

Zip Code

87

33018

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

NEW COLORAMA BEUTY SALON INC  
7145 W 4 AVE  
HIALEAH, FL 33014  
Ref. NUMBER P94000049392  
PHONE 305 558 4313

2

JULY 19 1998

FLORIDA DEPARMENT OF STATE

SANDRA B. MORTHAM  
SECRETARY OF STATE

TO WHOM IT MAY CONCERN

THE PRESENT IS TO INFORM THAT THE  
REASON THAT WE ARE REPORTING LATE IS BECAUSE MY WIFE  
WAS SICK FOR ALMUST TWO MONTHS AND THE PERSON THAT WAS RESPONSABLE  
FOR EVERYTHING THAT GOT TO DO W/ THE BUSINES DIDN'T NOT TELL ME  
THAT HE DIDN'OT RECEVE THE FORM THAT'S THE REASON THAT WE FILED LATE  
WE REQUESTED ANOTHER FORM BY PHONE AND WE RECEVE THE NEW FORM AND  
WE RETURNED WITH EVERITHING AND THE CHECK AND WE ALREADY SEND ONE  
LETTER BUT APARENTHY THE LETTER GOT LOST IF YOU NEED ANY PROVE OF MY WIFE'S  
SICKNESS I WOULD BE MORE THAM HAPPY TO SUMIT THAT INFORMECION

SINCERELY

*Joe A. Rodriguez*

PS