

**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 # **P95000003528 (3)**

1. Corporation Name

**DIAZ SALON CORP.**



Principal Place of Business: **48 E. FLAGLER ST. SUITE 72, FLAGLER STATION MALL MIAMI FL 33131**  
Mailing Address: **48 E. FLAGLER ST. SUITE 72, FLAGLER STATION MALL MIAMI FL 33131**

3. Date Incorporated or Qualified: **01/12/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: \_\_\_\_\_ 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

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

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

**DIAZ, RIGOBERTO  
48 E. FLAGLER ST.  
SUITE 72, FLAGLER STATION MALL  
MIAMI FL 33131**

**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 607.1509, 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: \_\_\_\_\_ INC. Registered Agent Signature: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>DIAZ, RIGOBERTO</b>	
STREET ADDRESS: <b>48 E FLAGLER ST. #72, FLAGLER STATION MALL</b>	
CITY - ST - ZIP: <b>MIAMI FL 33131</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	
11 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME: _____	
13 STREET ADDRESS: _____	
14 CITY - ST - ZIP: _____	
21 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: _____	
23 STREET ADDRESS: _____	
24 CITY - ST - ZIP: _____	
31 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME: _____	
33 STREET ADDRESS: _____	
34 CITY - ST - ZIP: _____	
41 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME: _____	
43 STREET ADDRESS: _____	
44 CITY - ST - ZIP: _____	
51 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME: _____	
53 STREET ADDRESS: _____	
54 CITY - ST - ZIP: _____	
61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME: _____	
63 STREET ADDRESS: _____	
64 CITY - ST - ZIP: _____	

**900001738089**  
**-03/11/96--01004--019**  
**\*\*\*200.00**

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 139.07(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 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.

SIGNATURE: *Rigoberto Diaz* 3/4/96 381-9883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DUS/line Phone #

CR2E034 (12/95)