## 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 # P9600003334 (5)

## **FILED** Jan 22 1998 8:00am Secretary of State

| 1. Corporati                 | ion Name  | 000000 (0)   |  |  |   |
|------------------------------|---|--|--|--|---|
| PRC B                        | ARBER SHOP, INC.  |  |  |  |   |
| 1115                         |   |  |  | I I CERTAGO A DE CAPO DO DE LA MARIO MARIO DE CONTRE   | ******                                      |
|                              |   |  |  |  | <b>                                    </b> |
| Principal Pla                | ace of Business   | Mailing Address  |  |  | #   |
|                              |   | Mailing Address  |  |  |   |
| 10450 S.W. 5                 |   | 10450 S.W. 5TH STREET                                      |  |  |   |
| MIAMI FL 33                  | 174   | MIAMI FL 33174   |  | DO NOT WRITE IN  | THIS SDACE                                  |
|                              |   |  |  |  | THIS SPACE                                  |
|                              |   |  |  | 3. Date Incorporated or Qualified  |   |
| a Police Land                | Discours of the second of the |  |  | 01/08/1996   |   |
| —¬                           |   | 2a. Mailing Address  | į.   | 4. FEI Number  | Applied For                                 |
|                              |   | 26   |  | 65-0638762   | Not Applicable                              |
| <del></del> }                |   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional                           |
| 22 27                        |   |  |  | 5. Columbate of States Scalled   | Fee Required                                |
| City & State                 |   | City & State   |  | 6. Election Campaign Financing   | \$5.00 May Be                               |
| 23                           |   | 28   |  | Trust Fund Contribution  | Added to Fees                               |
| Zip                          | Country   | Zip  | Country  | 8. This corporation owes or has paid   | the current year Intancible                 |
| 24                           | 25  | 29   | 30   | Personal Property Tax due June 30  |   |
|                              | g. Name and Address of Currer   | nt Registered Agent  |  | 10. Name and Address of New Regis  |   |
| VE                           | DA PENDO  |  | 81 Name  |  |   |
|                              | YERA, PEDRO   |  |  |  |   |
|                              | 10450 S.W. 5TH STREET   |  |  | lress (P.O. Box Number is Not Acceptable)  |   |
| MIAMI FL 33174               |   |  |  |  |   |
|                              |   |  | 83   |  |   |
|                              |   |  | 84 City  |  | 85 Zip Code                                 |
|                              |   |  | ,  |  | FL     '                                    |
| 11. Pyrsuant                 | t to the provisions of Sections 607,050   | 2 and 607.1508, Florida Statut                             | es, the above-named corp   | poration submits this statement for the purr<br>tion's board of directors. I hereby accept the | cose of changing its registered             |
| office or                    | registered agent, or both, in the State<br>am familiar with, and accept the oblice  | of Florida. Such change was ations of Section 607,0505. Fi | authorized by the corpora<br>orida Statutes                                | tion's board of directors. I hereby accept to  | he appointment as registered                |
|                              | an ranna man and accept the cong  | anono on abonon con 2000, 1 1                              | orida otatutos.  |  |   |
| SIGNATURE                    | Signature, typed or printed name of registered age  | ent and title if applicable. (NOT                          | E; Registered Agent signature requi  | ired when reinstating)   | DATE  |
| 12.                          |   | D DIRECTORS  | 13.  | ADDITIONS/CHANGES TO OFFICER   |   |
| TITLE                        | מ   | ☐ DELETE   | 1.1 TITLE  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | Change Addition                             |
| NAME                         | YERA, PEDRO   |  | 1.2 NAME   |  |   |
|                              | 10450 S.W. 5TH STREET   |  |  |  |   |
| STREET ADDRESS               |   |  | 1.3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP                  | MIAMI FL 33174  |  | 1.4 CITY-ST-ZIP  |  |   |
| TITLE                        |   | DELETE   | 2.1 TITLE  |  | Change Addition                             |
| NAME                         |   |  | 2.2 NAME   |  |   |
| STREET ADDRESS               | Į.  |  | 2.3 STREET ADDRESS   | ts.<br>p.dn  | e<br>-o² -                                  |
| CITY - ST - ZIP              | 1   |  | 2. 4 CITY - ST - ZIP   | ,  |   |
| TITLE                        |   | DELETE   | 3.1 TITLE  |  | Change Addition                             |
| NAME                         |   |  | 3.2 NAME   |  |   |
| STREET ADDRESS               |   |  | · ·  |  |   |
|                              | İ   |  | 3.3 STREET ADDRESS   |  | 1   |
| CITY-ST-ZIP                  |   |  | 3.4. CITY-ST-ZIP   |  |   |
| TITLE                        |   | DELETE   | 4.1 TITLE  |  | L Change Addition                           |
| NAME                         |   |  | 4. 2 NAME  |  |   |
| STREET ADDRESS               |   |  | 4.3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP                  |   |  | 4.4 CITY-ST-ZIP  |  |   |
| TITLE                        |   |  |  |  | Change Addition                             |
| NAME                         |   | ☐ DELETE   | 5.1 TITLE  |  |   |
|                              | \$  | DELETE   |  |  |   |
|                              |   | ☐ DELETE   | 5.2 NAME   |  | _ , _                                       |
| STREET ADDRESS               |   | ☐ DELETE   | 5.2 NAME<br>5.3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP                  |   |  | 5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                          |  |   |
|                              |   | ☐ DELETE   | 5.2 NAME<br>5.3 STREET ADDRESS   |  | ☐ Change ☐ Addition                         |
| CITY-ST-ZIP                  |   |  | 5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                          |  | ☐ Change ☐ Addition                         |
| CATY - ST - ZIP<br>TITLE     |   |  | 5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE             |  | ☐ Change ☐ Addition                         |
| CITY-ST-ZIP<br>TITLE<br>NAME |   |  | 5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE<br>6.2 NAME |  | ☐ Change ☐ Addition                         |

14. 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 of on an attachment with an address.