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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600006427

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90133 036 ***150.00

ODY'S H	HAIR SALON INC.					1 JANIANNI KR (1818 NIK) AND	## ## ################################	ARIJA ARIARA DIJUNG 1	11 0 11 1 001 1 00 1
									(1 06 1)
Principal Place of Business Mailing Address					-			•	
7318 WEST 20 AVENUE 7318 WEST 20 AVENUE HIALEAH FL 33016 HIALEAH FL 33016						DO NOT WRIT	E IN THIS	SPACE	
					}	3. Date Incorporated or Qualifed			
		•				01/17/1996			1
2. Principal Pl	lace of Business	2a. Mailing Address	7.11			4. FEI Number		Apr	plied For
21 26						65-0641621	-	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution	<u> </u>	Added to	o Fees	
Zip				/		8. This corporation owes the curre	ant year inte		
	25	29 3	0			Personal Property Tax.			Æ(No
	9. Name and Address of Curren	t Registered Agent	81	Name		10. Name and Address of New R	egistered A	-igent	
RIVERA, ODALYS B									
7318 WEST 20 AVENUE				Street	Address	(P.O. Box Number is Not Accepta	ble)		_
HIALEAH FL 33016				<u> </u>					
l lizt	EATT FE 33010		83						
			84	1			FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named	corpora	tion submits this statement for the	purpose of	changing its	registered
office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autr tions of, Section 607.0505, Florid	norized by a Statute:	tne corpo s.	oration	s board of directors. I hereby accep	tine appoin	milent as ref	Jistoreu
SIGNATURE	Signature, typed or printed name of registered ager	_			required wh	nen reinstating)	DATE		\
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE		2	WEHART DOOR	1., -	Change	☐ Addition
NAME	-RIVERA, ODALYS B		1.2 NAME		181	NEHART, ODAL	45 ec: 415	DRIVE	≘
STREET ADDRESS			13 STREE	T ADDRESS	170		-		\
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-5	ST-ZIP	M	AMI, FL. 33015)		
TITLE		☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME			2.2 NAME						
STREET ADORESS			2.3 STREE	TADDRESS	1				1
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ DELETE	31 TITLE					☐ Change	Addition
NAME			3.2 NAME						
STREET ADDRESS				TADORESS	ļ				
CITY-ST-ZIP			3.4. C/TY-	ST-ZIP	ļ			Change	Addition
TITLE		☐ DELETE	4.1 TITLE					☐ Change	∐ Addition }
NAME			4. 2 NAME						
STREET ADDRESS			1	T ADDRESS	1				}
CITY-ST-ZIP	•	☐ DELETE	4.4 CITY-	ST-ZIP				Change	Addition
TITLE	• •	□ nereie	5.1 TITLE 5.2 NAME						J. 2.3.24,/
NAME				T ADDRESS					
STREET ADDRESS	· . ,		5.4 CITY-1	,* ·	.:	•			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		 			Change	Addition
			6.2 NAME						_
NAME CTREET ADDRESS			•	T ADDRESS	Į				
STREET ADDRESS			6.4 CITY-		1			ii.	
UIIT-31-ZIP	l .	_			ı				

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR