


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000007294 (7)**

1. Corporation Name

JOHN SANTIAGO SALON, INC.

Principal Place of Business

**1201 DUVAL STREET
KEY WEST FL 33040**

Mailing Address

**1201 DUVAL STREET
KEY WEST FL 33040**

FILED

97 AUG 14 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0643466		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. STE 211 PALM BEACH GARDENS FL 33418				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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

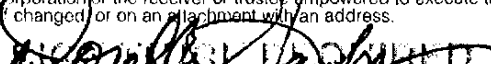
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTIAGO, JOHN			1.2 NAME			
STREET ADDRESS	C/O 1201 DUVAL STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTIAGO, DORY			2.2 NAME			
STREET ADDRESS	C/O 1201 DUVAL STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTIAGO, ANTHONY			3.2 NAME			
STREET ADDRESS	C/O 1201 DUVAL STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSS, JAMES			4.2 NAME			
STREET ADDRESS	C/O 1201 DUVAL STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 (changed) or on an attachment with an address.

SIGNATURE:



CR2E034 (4/97)

202

scott saunders, p.a.

CERTIFIED PUBLIC ACCOUNTANTS
2027 FLAGLER AVENUE
KEY WEST, FL 33040

PHONE 305. 294-5505
FACSIMILE 305. 294-0711

August 1, 1997

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: *John Santiago Salon*

Dear Department of State Representative:

Enclosed please find 1997 Profit Corporation Annual Report for the above referenced client. Also enclosed is a check in the amount of \$165.00.

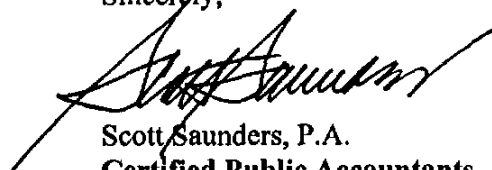
Please be advised that their original 1997 Annual Report was sent in February 25, 1997 with a check in the amount of \$165.00. As proof of this, you will find enclosed a *Transactions by Date* report which shows that on February 25, 1997, check # 5665 was issued and made payable to Florida Department of State. This check, along with the original annual report were mailed out on that date.

Since you have no proof of receiving this report and check # 5665 remains outstanding, its clear that this information has some how been lost in the mail.

As this client relied on the U.S. Postal Service for the timely delivery of this information and would have no reason to think otherwise, it would be unjust to assess the \$385.00 late filing penalty against them.

Should you require additional information to resolve this matter or have questions, please do not hesitate to contact me.

Sincerely,



Scott Saunders, P.A.
Certified Public Accountants

/sas
enclosures