## 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

## DOCUMENT # P96000015356 (4)

OASIS BEAUTY & SPA, INC.

## **FILED** Aug 29 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address				***************************************				10 0.11 1001	
15824 S.W. 137TH AVE.			15824 S.W. 137TH AVE.									
MIAMI FL 33177		MIAMI FL 33177				DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualified 3a. Date of Last Report				enort		
									Ja. Daio	OI LUSCII	opon	
2. Principal Place of Bus	inacs	2a Ma	iling Address				02/15/1990	2	<u> </u>	1 1	plied For	
·	26					65-01	4956	7	++	ot Applicable		
Suite, Apt. #, etc.	Suite, Apt #, etc.								<del></del>	Additional		
22	27					<ol><li>Certificate of S</li></ol>	Status Desired		Fee Re			
City & State	. <del>   </del>	City & State				6 Clastica Comm	nina Financian			·		
23	28	<del></del>				<ol><li>Election Camp Trust Fund Co</li></ol>			\$5.00	,		
Zip	Country		Zip Cour									
24	25	29	¬ '				This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No					
o Nem	25   e and Address of Current		gistered Agent			1	10. Name and Address of New Registered Agent					
CORDERO, Y					B1 Na	me 🗸		<b>`</b>	<del></del>		···	
11348 SW 85				L	- 1	70	LANDA			0		
		82 Street Address (P.O. Box Nu			s (P.O. Box Numb	umber is Not Acceptable)						
MIAMI FL 331	0/			- 1	B3	568	1 300	13/1	V =			
					03						ļ	
				1	B4 Cit	y and	AMI		<b></b>	35 Zip	Code 77	
			<u> </u>	<u>.</u>		/-//	777		FL	6.25	77	
11. Pursuant to the provi	sions Sections 607.0502 gent or both, in the State of the and acceptance obligati	and 607.1	508, Florida Statule:	s, the abo	ove-nan	ned corpor	ration submits this s	statement for the pr	urpose of ch	anging It	s registered	
agent. I arvi famili arv	and accept the obligati	olis of So	ctio 607.0505, Flor	ida Sialu	itos.	corporation	in a board of directo	s. Thereby accep	t trie appoin	uniçin as	registered	
SIGNATURE	ances /	Z s	ella									
State ure, type		and title if app		Registered .	Agent sign	nature required	when reinstating)		DATE			
12.	OFFICERS AND	DIRECTO	BS	13.			ADDITIONS/CH	ANGES TO OFFIC				
TITLE / PRO	ANDA COR		DELETE	1.1 TITL	.F				L	Change	☐ Addition	
NAME / YOU	ANDA COR	DEI	( D	1.2 NAN	ME.							
STREET AFORESS 1.5	87 5.41. 139		/ E	1.3 STR	EFT ADDRI	ESS					1	
CITY-ST-ZIP	AMIFL S	37	77	1.4 CHY	Y-S1-ZIP	1						
TITLE	DELETE 211		2.1 TITL	,F					Change	Addition		
IAME			•	2.2 NAME								
STREET ADDRESS				2.3 STR	ee1 addri	ESS						
CITY-ST-ZIP				2 4 CIT	Y-ST-ZIP	•						
TITLE			DELETE	3 1 TITL						Change	Addition	
NAME				3 2 NAN	ME .	İ						
STREET ADDRESS					EET ADDRE	ess						
CITY-ST-ZIP					Y-ST-ZiP							
TITLE			DELETE	4.1 TITE						Change	Addition	
NAME				4. 2 NAI					<del></del>			
STREET ADDRESS				1	mil Eet addre							
				4		.00						
CITY-ST-ZIP			DELETE	51 TITL	Y-ST-ZIP					Change	☐ Addition	
TITLE	,		L. DELETE	1					_	i Chango		
NAME				52 NAN								
STREET ADDRESS				53 S1R	eet addre	ESS						
CITY-ST-ZIP					Y-ST-ZIP					-	1100	
TITLE			☐ DELETE	61 TITL					Ĺi	Change	Addition	
NAME				62 NAN	<b>M</b> E							
STREET ADDRESS				6.3 S1R	eet addre	SS						
CITY-ST-ZIP				6.4 C(T)	(-S1-ZIP							
At I do be a been a self the	a Calca Salta anno a Cara anno a Cara I	. 201. 41.1. 47		1 4		3 ( )	0 1 440 07/01	(1) Fig. 2. Cial its	1.2	.412 . 41 1	41.	

I do hereby certify that the information indicated on this ann I am an officer or director of the appears in Block 12 or Block 13 no accurate and that my signature shall have the same legal effect as if made under oath; that to execute this report as required by Chapter 607, Florida Statutes; and that my name