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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

CITY-\$1-7/P

DOCUMENT # P96000071546 (1)

CATHEDRAL HAIR SALON, INC.

Principal Place of Business Mailing Address 11355 SW 112 CIRCLE LANE N 11355 SW 112 CIRCLE LANE N MIAMI FL 33176 MIAMI FL 33176-8433 3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0689580 21 6629 5. Dixie Hury Suite, Apt #, etc Dixie Huy 46295. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Hiami Florida Hiami Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 33143 USA Yes No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PENA. DIEGO J 11355 SW 112 CIRCLE LANE N 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 City Zip Code 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 family with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 101 6 1.1 TITLE PENA, DIEGO J N4ME 1.2 NAME 11355 SW 112 CIRCLE LANE N STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33176 0174-51-78 1.4 CITY - ST - ZIP Zeida Hernandez (DIRECTO) DELETE Change Addition Till, F 2.1 TITLE 10621 SW 27 Street NAME 22 NAME MiAnsi Florida STREET ADDRESS 2.3 STREET ADDRESS 33/65 047 Y + \$1 - 7-P 2 4 CITY-ST-ZIP DELETE 101: F Change Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP DELETE Change Title F 41 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY SI-7iP 4.4 CITY - ST - ZIP DELETE TILE 51 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 011 y - \$1 - 26F 54 CITY-ST-ZIP THE ☐ DELETE 61 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

64 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 suppliemental 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 B ock 12 or Block 13 if changed, or on an attachment with an address.