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Jul 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000060030 (8)**

1. Corporation Name
DIANA POITIER'S SALON, INC.

Principal Place of Business	Mailing Address
~~1700 SOUTHWEST 1 AVENUE~~ ~~UNIT 403~~ ~~MIAMI FL 33129~~	~~1700 SOUTHWEST 1 AVENUE~~ ~~UNIT 403~~ ~~MIAMI FL 33129~~

... DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1997

2. Principal Place of Business	2a. Mailing Address
21: 604 CRANDON BLVD	26: SAME.
Suite, Apt. #, etc. 22: 204	Suite, Apt. #, etc. 27:
City & State 23: KEY BISCAYNE, FL	City & State 28:
Zip 24: 33149 Country 25: USA.	Zip 29: Country 30:

4. FEI Number: 65-0767310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~AMERILAWYER CHARTERED~~ ~~243 ALMERIA AVENUE~~ ~~CORAL GABLES FL 33134~~	81 Name: RUIZ & CO., P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 1665 W. 68 ST, STE # 206 83: 84 City: HIALEAH FL 85 Zip Code: 33014

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: _____ DATE: 04/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	TORRES, RICARDO	1.2 NAME	
STREET ADDRESS	~~1700 SOUTHWEST 1 AVENUE~~	1.3 STREET ADDRESS	604 CRANDON BLVD #204
CITY-ST-ZIP	~~MIAMI FL 33129~~	1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REATEGUI, OLGA E	2.2 NAME	
STREET ADDRESS	~~1700 SOUTHWEST 1 AVENUE~~	2.3 STREET ADDRESS	604 CRANDON BLVD #204
CITY-ST-ZIP	~~MIAMI FL 33129~~	2.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500002601175
STREET ADDRESS		6.3 STREET ADDRESS	-07/29/98--01022--004
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.

SIGNATURE: _____ 04-30-98 (305)365-2166