

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

page 1 of 2

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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 NOV 12 AM 8:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000103118 (0)
 1. Corporation Name
 GLORIA'S HAIR SALON INC.



Principal Place of Business: 9645 E. COLONIAL DR. ORLANDO FL 32817-4216
 Mailing Address: 9645 E. COLONIAL DR. ORLANDO FL 32817-4216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		12/05/1997		52-3458289		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. City & State		28. City & State		29. Zip		30. Country			
24. Zip		25. Country		29. Zip		30. Country			

9. Name and Address of Current Registered Agent
 ROSADO, CARMEN G
 9645 E. COLONIAL DR.
 ORLANDO FL 32817

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. 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 familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSADO, CARMEN G	1.2 NAME	
STREET ADDRESS	9645 E. COLONIAL DR.	1.3 STREET ADDRESS	900002691649--5
CITY-ST-ZIP	ORLANDO FL 32817-4216	1.4 CITY-ST-ZIP	-11/19/98-01074-016
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPIA, ENEIDA	2.2 NAME	
STREET ADDRESS	9645 E. COLONIAL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817-4216	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: SIGNATURE REQUIRED 9/21/98 (607) 348-4159

CR2E034 (5/98)

November 10, 1998

STATE of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATT: Andy Dunlap

Dear SIRs:

Through this letter, enclose company check for the amount of one hundred fifty dollars (\$150.00) for the 1998 of the Corporation Annual Report.

This Corporation was create at the end of the year 1997 in the STATE of Florida. We were UNABLE TO Fill the Report because we did NOT Receive the first Report Notice.

This is NOT excuse, but its the reality and a apology FOR THAT.

THANK you, FOR you ATTENTION AT this important MATTER.

Sincerely yours,

Carmen G. Rosado

CARMEN G. ROSADO

President

GLORIA'S HAIR SALON, INC.