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).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Marthann

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 12 AM 8: 23

| DOCUMENT # P97000103118 (0)  |   |  |                 |                     |                                |  |   | SECRETARY OF STATE<br>TALLAHASSEE. FLORIDA   |   |                        |                            |                  |  |
|--|---|--|-----------------|---------------------|--------------------------------|--|---|--|---|------------------------|----------------------------|------------------|--|
| GLORIA'S HAIR SALON INC.   |   |  |                 |                     |                                |  |   | h construent som colore let  |   |                        | III                        |                  |  |
|  |   |  |                 |                     |                                |  |   |  |   |                        |                            |                  |  |
| Principal Place of Business Mailing Address  |   |  |                 |                     |                                |  |   |  |   |                        | III PSIOL (IBI)            | <b>30108</b> 135 | <b>01    100%    1801   10   104</b>   |
| 9645 E. COLONIAL DR. 9645 E. COLONIAL DR.  |   |  |                 |                     |                                |  |   |  |   |                        |                            |                  |  |
| ORLANDO FL 32817-4216 ORLANDO FL 32817-4216  |   |  |                 |                     |                                |  |   | DO NOT WRITE IN THIS SPACE   |   |                        |                            |                  |  |
| ŀ  |   |  |                 |                     |                                |  |   |  | 3. Date Incorporated or                                       |                        | 14 1111                    | 3 01 70          | ·  |
|  |   |  |                 |                     |                                |  |   |  | 12/05/1997  |                        |                            |                  |  |
| 2. Principal Place of Business   |   |  | 2               | 2a. Mailing Address |                                |  |   |  | 4. FEI Number   |                        |                            | $\neg$           | Applied For  |
| 21   |   |  | 26              | 26                  |                                |  |   |  | 59-3458   | 289                    |                            |                  | Not Applicable   |
| Suite, Apt. #, etc.  |   |  |                 | Suite, Apt. #, etc. |                                |  |   |  | 5. Certificate of Status D                                    |                        | П                          | \$8.             | 75 Additional  |
| 22   |   |  | 27              | 27                  |                                |  |   | 5. Certificate of Status D   | esirea  |                        | F                          | ee Required      |  |
| City & State   |   |  |                 | City & State        |                                |  |   |  | 6. Election Campaign Fit                                      | -                      |                            |                  | 5.00 May Be  |
| 23   |   |  | 28              | 28                  |                                |  | _   | <u> </u>   | Trust Fund Contribution                                       |                        | <u> </u>                   |                  | dded to Fees   |
| Zip  |   | Country  |                 | Zip<br>ו            |                                | Coun   | itry  |  | 8. This corporation owes                                      |                        |                            |                  | — ·  |
| 24   | Q Name  | 25<br>and Address of Curr  | 29              |                     | nent.                          | 30   |   |  | Personal Property Tax<br>10. Name and Address                 |                        |                            | Yes              | L No   |
| POS  |   |  | icut ived       | stereu Ag           | CIK                            |  | 81  | Name   | to. Name and Address (  | 21 IAGAS IA            | registereu                 | Agent            |  |
| l .  | ado, cari<br>5 e. colon   |  |                 |                     |                                | L  |   |  |   |                        |                            |                  |  |
|  | ANDO FL 3   |  |                 |                     |                                | ·  | 82  | Street Addre   | ess (P.O. Box Number is Not                                   | Accepta                | ible)                      |                  |  |
| OnL  | MINDO I E C   | 2017   |                 |                     |                                |  | 83  |  |   |                        | <del></del> -              |                  | -  |
| ]  |   |  |                 |                     |                                | Į.   | 84  | City   |   |                        |                            | 051              | 7in Cedo   |
|  |   |  |                 |                     |                                |  |   | City   |   |                        | FL                         | - 85             | Zip Code   |
| 11. Pursuant   | t to the provis   | sions of sections 607.0  | 502 and 6       | 307.1508, F         | lorida Statut                  | es, the abo  | ve-na   | amed corpor  | ration submits this statement on's board of directors. I here | for the pu             | rpose of cl                | nanging          | its registered   |
| agent. [ a   | am familiar w   | with, and accept the ob  | ligations       | of caction          | COT ACAE C                     | addionzed  | Ly u  | ie corporatio  | of a position of difectors. I there                           | by accep               | it the appoi               | ii tu tieric     | as registered  |
|  |   |  | _               | 01, 3004011         | 007.0005, 1                    | onda Statu   | tes.  |  |   |                        |                            |                  |  |
| SIGNATURE  |   |  |                 |                     |                                |  |   |  |   |                        |                            |                  |  |
| SIGNATURE  |   | or printed name of registered a  | agent and title | e if applicable.    |                                | OTE, Registere   |   |  | itred when reinstating)                                       |                        | DATE                       |                  |  |
|  |   |  | agent and title | e if applicable.    | 4)                             |  | id Ager   |  |   |                        | DATE                       | ND DIR           | ECTORS IN 12   |
| SIGNATURE  | Signature, typed  | or printed name of registered a<br>OFFICERS  | agent and title | e if applicable.    |                                | OTE, Registere   | id Ager   |  | itred when reinstating) ADDITIONS/CHANGES                     | TO OF                  | DATE<br>FICERS AI          | ND DIR           | ECTORS IN 12 ange Addition   |
| SIGNATURE 12.  | Signature, typed DP ROSADO,   | or printed name of registered a  | agent and title | e if applicable.    | 4)                             | OTE. Registers 13. 1.1 TITL 1.2 NAM  | nd Ager<br>E  |  | itred when reinstating) ADDITIONS/CHANGES                     | TO OF                  | DATE<br>FICERS AI          | ND DIR           | ECTORS IN 12 ange Addition   |
| SIGNATURE 12. TITLE NAME   | DP<br>ROSADO,<br>9645 E. C  | or printed name of registered a OFFICERS ,   | agent and title | e if applicable.    | 4)                             | OTE. Registers 13. 1.1 TITL 1.2 NAM  | Id Ager<br>E<br>IE<br>EET AD  | nt signature requ  | itred when reinstating) ADDITIONS/CHANGES                     | 3 TO OF                | DATE<br>FICERS AI<br>9/98- | ND DIR           | ECTORS IN 12 ange  |
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4. 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 inclicated 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:

SIGNATORE RECHIRED

1/21/98 4071 348.4159

CR2E034 (5/

| 1 - : November 10, 1998                          |
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|  |
|  |
| Division of Corporations                         |
| P.O. Box 6327                                    |
| P.O. Box 6327 - TAllahasee, FC. 32314            |
| ! <del>! ! !</del>                               |
| ATT: ANDY DUNIAP                                 |
|  |
| Dem Sirs:  |
|  |
| THROUGH This letter enclose company              |
| Check FOR the Amount of one hundred fifty        |
| dollars (150-00) FOR the 1998 of the CORPORATION |
| Annual Repurt                                    |
| THIS CORPORATION WAS CREATE AT the END           |
| Jof the year 1997 in the STATE of Florida.       |
| We were UNABLE TO FILL the REPORT BECAUSE        |
| ue did not receive the first report notice       |
| THIS is NOT excase, but its the                  |
| reality and & apology FOR That.                  |
| THANK gow, FOR you ATTENTION AT                  |
| ELIS IMPORTANT MATTER                            |
| Sincerely yours,                                 |
| Carmen D-lasado                                  |
| CHRMEN G. ROSA do                                |
| President  |
| Gloria's Hair Salon, Inc.                        |