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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90053 050 ***150.00

DOCUMENT # P97000103522

TIERRA VERDE HAIR & NAILS STUDIO, INC.

- -						
Principal Place	e of Business	Mailing Address	Tanana I Jawa 1982.			
1110 PINELLAS BAYWAY. SUITE 211 1110 PINELLAS BAYWAY. S TIERRA VERDA FL 33715 TIERRA VERDA FL 33715						
				DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed 12/05/1997	•	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Appl	lied Far
21		26		59-3486233	Not a	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,		\$8.75 Ad	Iditional
22		27		5. Certificate of Status Desired	Fee Req	uired
City & State	e marine morning to hereth	City & State		6. Election Campaign Financing	\$5.00 M	lav Be
23	一种模型证明。这一次是是基	28		Trust Fund Contribution	Added to	. ,
Zip	EMASS Country	Zip	Country	8. This corporation owes the current year		- · · · · · · · · · · · · · · · · · · ·
24	25	29	30	Personal Property Tax.	X Yes [□No 1
	9. Name and Address of Current			10. Name and Address of New Register	red Agent	
		(4. 4. 8	81 Name	et e		
DABI	RUZZI, KIM	Charles to	82 Street Add	iress (P.O. Box Number is Not Acceptable)		
	PINELLAS BAYWAY, SUITE 211	de facilità Millia	JUL SHEET AUG	mess (F.O. Dox Humber is Not Acceptable)	1685 d Mario Charles (de carac	1 (A 14) 1 (A 14)
TIER	RA VERDA FL 33715		83	14 医水杨醇 55 植管螺纹		C4181101
·			24 80	2. 位于5年。18. 经净额 數性	85 Zip Co	214 (181 (25)
			84 City	1	FL 85 Zip Co	,ue
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the above-named cor	poration submits this statement for the purpos	e of changing its re	egistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was	authorized by the corporat	ion's board of directors. I hereby accept the a	ppointment as regi	stered
	m lamiliar with, and accept the congation	ms of, Section 607.0303, 1	iona Statutes.	•	٠.	
SIGNATURE	" 1			•		
SIGNATURE	Signature, byged or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature requir	red when reinstating) DATE	E	
	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered Agent signature requirements 13.			S IN 12
12.	Signature, typed or printed name of registered egent a OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS		S IN 12
12. TITLE	OFFICERS AND	DIRECTORS	13. 1.1 TITLE		AND DIRECTOR	
12. TITLE NAME	OFFICERS AND D DABRUZZI, KIM	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		AND DIRECTOR	
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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 of 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 chargest or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 99(77) 864-2238 Daylinde Phone #