

FILE NOW. FILING FEE AFTER MAY 151 IS \$550.00

PRGFI  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

REJECTED  
08-10-2000 90004 004 \*\*\*150.00  
\$50647

FILED

00 OCT -5 AM 10: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00077497

DOCUMENT #

550647

Corporation Name

SALON ONE, INC.

Place of Business

Mailing Address

2506 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI, FL 33143

Place of Business

2a. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

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 the current year Intangible  
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 City

FL

85 Zip Code

RIEGLER, JAMES  
1533 SUNSET DRIVE  
CORAL GABLES FL 33143

Stephen Zalka, CIA  
6437 NW 99th Ave.  
P.O. Box 1000  
FL 33276

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required for filing)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CRAIG ADLER  
11745 SW 116th Terr.  
Miami, FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SP

I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-10-00 (305) 990-4111

Attachment  
DH# 550647  
DW 71497

2062

June 16, 2000

Florida Department of State


Re: Salon One, Inc.  
2000 Annual Report  
E.I. 65-0259837

Dear Department:

Please forgive my lateness in filing the Annual Report for the year 2000. My family had a crisis and I was away from the business for several months. My mother was extremely devastated after the death of my father, and of course I had to take care of her personal needs for several months. Please understand my dilemma and accept this check as renewal for the year 2000. Thank you for your assistance.

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Very truly yours,

  
Craig Adler, President