

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED  
96 JUN 13 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 590860

1. Corporation Name

THE NATURAL HAIR DESIGNERS, INC.

Principal Place of Business

109 E. Rio Alto Drive  
Miami Beach, FL 33139

Mailing Address

(same)

3. Date Incorporated or Qualified

10/13/78

3a. Date of Last Report

6/16/95

2. Principal Place of Business

2a. Mailing Address

21 (same as above)

26 (same as above)

4. FEI Number

59-1934793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

Marquez, Esther  
14333 South Dixie Highway  
Miami, FL 33157

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

Signature of officer or director of registered agent and filer (applicable)

(NOT Registered Agent Signature Required When Reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/Pres./Treas.  DELETE  
NAME Kalb, Georgina F.  
STREET ADDRESS 109 E. Rio Alto Drive  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/V.P.  DELETE  
NAME Marquez, Esther Z.  
STREET ADDRESS 14333 S. Dixie Highway  
CITY-ST-ZIP Miami, FL 33157

TITLE D/V.P.  DELETE  
NAME Kreke, Anne  
STREET ADDRESS 9845 S.W. 125th Terr  
CITY-ST-ZIP Miami, FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/Pres.  Change  Addition  
12 NAME Kalb, Georgina F.  
13 STREET ADDRESS 109 E. Rio Alto Drive  
14 CITY-ST-ZIP Miami Beach, FL 33139

21 TITLE Treas.  Change  Addition  
22 NAME Kalb, Martin  
23 STREET ADDRESS 109 E. Rio Alto Drive  
24 CITY-ST-ZIP Miami Beach, FL 33139

31 TITLE  Change  Addition  
32 NAME 600001861256  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 to this annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Martin Kalb, Treasurer

6/11/96

(305) 579-0500

CR2E034 (12/95)