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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 590860 (3)

1. Corporation Name
THE NATURAL HAIR DESIGNERS, INC.



Principal Place of Business Mailing Address
109 E. RIVO ALTO DRIVE MIAMI BEACH FL 33139 **109 E. RIVO ALTO DRIVE MIAMI BEACH FL 33139-1245**

3. Date Incorporated or Qualified **10/13/1978** 3a. Date of Last Report **06/13/1996**
4. FEI Number **59-1934793** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt #, etc. 26. Suite, Apt #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**MARQUEZ, ESTHER Z
14333 SOUTH DIXIE HIGHWAY
MIAMI, FL. KFL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP KALB, GEORGING F	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	109 E. ALTO DRIVE	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP MARQUEZ, ESTHER Z	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14333 S. DIXIE HIGHWAY	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	900002068049--3
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DVP KREKE, ANNE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9845 SW 125 TERR	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T KALB, MARTIN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	109 E. RIVO ALTO DRIVE	4.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33139	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	

A. Alan
1/24/97

14. I do 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: *Martin Kalb* *pub* *1/24/97* *3054200 579 0515*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)



ACCOUNT NO. : 072100000032
 REFERENCE : 235257 4303929
 AUTHORIZATION : *Patricia Pizjut*
 COST LIMIT : \$ 165.00

ORDER DATE : January 24, 1997
 ORDER TIME : 10:03 AM
 ORDER NO. : 235257-010
 CUSTOMER NO: 4303929
 CUSTOMER: Ms. Sheryl C. Vainstein
 Greenberg Traurig Hoffman
 22nd Floor
 1221 Brickell Avenue
 Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: THE NATURAL HAIR DESIGNERS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY (2)
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS:

A. Alan
 1/24/97

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 97 JAN 24 AM 11:39
 DIVISION OF CORPORATION