FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 21 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636840 (1)

1. Corporation Name
MIAMI HAIR DESIGNERS, INC.

Principal Place of Business
9969 S.W. 142 AVE.
MIAMI FL 33186

Mailing Address
9969 S.W. 142 AVE.
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1979	3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2698346	Applied For / Not Applicable
5. Certificate of Status Desired [X]	$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 [X] Yes [ ] No	

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

9. Name and Address of Current Registered Agent

LLAMA, EDUARDO V.
2210 SW 104 PLACE
MIAMI FL 33165

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	PD
NAME	LLAMA, EDUARDO V.	1 2 NAME	EDUARDO V. LLAMA
STREET ADDRESS	~~2210 SW 104 PLACE~~	1 3 STREET ADDRESS	334 MENDOZA AVE #4
CITY-ST-ZIP	~~MIAMI FL~~	1 4 CITY-ST-ZIP	CORAL GABLES, FL, 33134
TITLE	VD	2 1 TITLE	V.D.
NAME	PORTILLO, IBONNE L.	2 2 NAME	Portillo, Jbonne L.
STREET ADDRESS	~~6229 SW 101 PLACE~~	2 3 STREET ADDRESS	6279 SW 128 CT
CITY-ST-ZIP	~~MIAMI FL~~	2 4 CITY-ST-ZIP	Miami, Fl 33183
TITLE	SD	3 1 TITLE	
NAME	RENDINI, MARIE T.	3 2 NAME	MARIE T. RENDINI
STREET ADDRESS	14731 SW 112 TERRACE	3 3 STREET ADDRESS	14731. SW 112 TERR
CITY-ST-ZIP	MIAMI FL	3 4 CITY-ST-ZIP	MIAMI FLA 33196
TITLE		4 1 TITLE	
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

(Each block in 13: [ ] Change [ ] Addition)

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 with an address.

SIGNATURE: [signature] 1/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E001 CP