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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000064398 (6)

1. Corporation Name
PERSONAL HAIR CENTER, INC.



Principal Place of Business: 100 W CYPRESS CREEK ROAD STE 910 FT LAUDERDALE FL 33309
Mailing Address: 100 W CYPRESS CREEK ROAD STE 910 FT LAUDERDALE FL 33309-2112

3. Date Incorporated or Qualified: 08/01/1996
3a. Date of Last Report: New Corporation

2. Principal Place of Business 21 1350 S. Powerline Rd. 22 104B 23 Pompano Beach, FL. 24 33069 Country: U.S.A.	2a. Mailing Address 26 1350 S. Powerline Rd. 27 104B 28 Pompano Beach, FL. 29 33069 Country: U.S.A.	4. FEI Number: 650703925	5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
GORZECK, RANA M
100 W CYPRESS CREEK ROAD STE 910
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81 Name: LINDA ACETTA
82 Street Address (P.O. Box Number is Not Acceptable): 1350 S. Powerline Rd.
83 Pompano Beach
84 City: Pompano Beach
85 Zip Code: FL 33069

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: *Sandra Morham* DATE: 4/24/97
Signature, typed or printed name of registered agent, and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OKYO SHAIR		1.2 NAME: LINDA ACETTA	
STREET ADDRESS: 1350 S. Powerline Rd		1.3 STREET ADDRESS: 1350 S. Powerline Rd.	
CITY-ST-ZIP: Pompano Bch, FL 33069		1.4 CITY-ST-ZIP: Pompano Bch, FL 33069	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE: DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME: JONATHAN GONZALEZ	
STREET ADDRESS:		2.3 STREET ADDRESS: 1350 S. Powerline Rd.	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP: Pompano Bch, FL 33069	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		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:	

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: *Linda Acetta* DATE: 4/24/97

CR2E034 (9/96)