

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

DOCUMENT # P95000024245 (9)

1. Corporation Name

NAKED HAIR, INC.



Principal Place of Business

Mailing Address

16348 N.E. 26TH AVENUE
NORTH MIAMI BEACH FL 33160

16348 N.E. 26TH AVENUE
NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 SOL HOTEL

26 SOL HOTEL

Suite Apt. #, etc.

Suite Apt. #, etc.

22 3925 COLLINS AVE.

27 3925 COLLINS AVE.

City & State

City & State

23 MIAMI BEACH, FL. 33140

28 MIAMI BEACH, FL. 33140

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DULZAIDES, MARCO J
16348 N.E. 26TH AVENUE
NORTH MIAMI BEACH FL 33160

81 Name

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

SOL HOTEL

83

3925 COLLINS AVE.

84

MIAMI BEACH

FL.

FL

85

33140

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

MARCO J. DULZAIDES

5-13-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DULZAIDES, MARCO J
STREET ADDRESS 16348 N.E. 26TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

1.1 TITLE D
1.2 NAME DULZAIDES, MARCO J.
1.3 STREET ADDRESS SOL HOTEL, 3925 COLLINS AVE.
1.4 CITY-ST-ZIP MIAMI BEACH, FL. 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 with an address

SIGNATURE:

PRESIDENT

03/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)