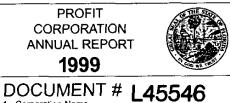
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90162 017 \*\*\*150.00

HAIR WI	TH STYLE INC.							
Principal Place	e of Business	Mailing Address				יי יושום וונט שופוס ונונט וסוגם ושפוס נום ווסווסטו ז 	ISBRI DIBIL DIBIS D	IBIL OLDIL IDBI
3437 NW 15TH ST 3437 NW 15TH ST								
MIAMI FL 33125 MIAMI FL 33125						DO MOT MIDNE IN THE	00405	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
	No. of Paris	2- Mailing Address			<del> </del>	01/23/1990 4. FEI Number	: c     Ani	plied For
¬ '	Place of Business	2a. Mailing Address				65-0182768	1 = 1	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	
¬ ′	F, 610.	27				5. Certifcate of Status Desired	Fee Re	
City & Stat	te .	City & State		<del></del>		6. Election Campaign Financing	\$5.00	May Be
3		28				Trust Fund Contribution	Added t	-
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year in	tangible	
<del>-</del> ,	25	29	30	·		Personal Property Tax.	Yes	□No
4	9. Name and Address of Curre		1451	$\overline{}$		10. Name and Address of New Registered	Agent	
		<del></del>	-	81 N	ame			
REV	ueltra, minerva m.			82 St	root Addro	ss (P.O. Box Number is Not Acceptable)		
3437 NW 15 ST				02 3	ileet Audie	iss (F.O. Box Number is Not Acceptable)	•	_
MIAI	MI FL 33125			83				
							85 Zip (	
				<b>84</b> Ci	ity	. FL	_  85   Zip 0	700e
12.	Signature, typed or printed name of registered age OFFICERS A	nt and title if applicable (NOTE ND DIRECTORS	Registered	Agent sign	sature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPT	☐ DELETE	1.1 TF	TLE			Change	☐ Addition f
NAME	REYES, RAQUEL		1.2 N	AME				
STREET ADDRESS	12335 SW 192 TERR		1.3 \$1	TREET ADD	RESS			
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY-ST-ZIP				
TITLE	DVS	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	REVUELTA, MINERVA M.		2.2 N	AME	Ì			
STREET ADDRESS	A 407 BBH 45 OT		2.3 ST	TREET ADD	RESS		•	
CITY-ST-ZIP	MIAMI FL		2.4 C	ITY-ST-ZIF	,			
TITLE		☐ DELETE	3.1 TI	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET ADD	RESS			, .
CITY-ST-ZIP				ITY-ST-ZIF	,		[ ] O'	
TITLE		☐ DELETE	4.1 TI				Change	☐ Addition
NAME			4.2 N					
STREET ADDRESS			4.3 ST	TREET ADD	RESS			
CITY-ST-ZIP	<u>                                     </u>		_	TY-ST-ZIP	·		Change	Addition
TITLE		☐ DELETE	5.1 Tf				Change	☐ Addition
NAME			52 N/		MDECC			
STREET ADDRESS	3			TREET ADD				
CITY-ST-ZIP		□ BELETE	5.4 CI	TY-ST-ZIP			Change	☐ Addition
TITLE		☐ DELETE	6.2 N		1		[] citatige	
NAME					DESC.		•	
STREET ADDRESS	1			TREET ADD TTY-ST-ZIP				
CMV ST 7ID								

14. I 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 suppliemental 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, with all other like empowered.

SIGNATURE: