

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 376457 (8)

1. Corporation Name
IMPERIAL BEAUTY & BARBER SUPPLY, INC.


Principal Place of Business 6224 S.W. 8 ST. 2450 SW 137 AVE. STE 201 MIAMI FL 33144 US	Mailing Address 4545 N.W. 7 ST. #12 MIAMI FL 33126-2397 US
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2. Principal Place of Business 21 State Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/01/1971	3a. Date of Last Report 05/01/1996	4. FEI Number 59-1346122	Applied For Not Applicable
		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			

9. Name and Address of Current Registered Agent ROMAN, MARIO 6224 S.W. 8 ST. MIAMI FL 33144	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0602 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:  AT 36		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PO	NAME	ROMAN, MARIO	1.1 TITLE	
STREET ADDRESS	6224 S.W. 8TH ST.			1.2 NAME	
CITY - ST - ZIP	MIAMI FL			1.3 STREET ADDRESS	
TITLE	VTD	NAME	ROMAN, MARTHA	1.4 CITY - ST - ZIP	
STREET ADDRESS	6224 S.W. 8TH ST.			2.1 TITLE	
CITY - ST - ZIP	MIAMI FL			2.2 NAME	
TITLE	S	NAME	ROMAN, MARIO FRANKLIN	2.3 STREET ADDRESS	
STREET ADDRESS	6224 S.W. 8TH ST.			2.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL			3.1 TITLE	
TITLE	AS	NAME	ROMAN, DARLENE A.	3.2 NAME	
STREET ADDRESS	6224 S.W. 8TH ST.			3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL			3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE	
STREET ADDRESS				4.2 NAME	
CITY - ST - ZIP				4.3 STREET ADDRESS	
TITLE		NAME		4.4 CITY - ST - ZIP	
STREET ADDRESS				5.1 TITLE	
CITY - ST - ZIP				5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS	
STREET ADDRESS				5.4 CITY - ST - ZIP	
CITY - ST - ZIP				6.1 TITLE	
TITLE		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:  04/08/97 (205) 266-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)