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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 470898

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90050 009 ***150.00

HIALEAH	HAIR, INC.				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				# 1881/# BIOSI (#2018 081/8) (#31/10 181/10	AND BOOK BURK BOOK REEK BOOK 1886
İ					
Principal Plac	e of Business	Mailing Address		I (CO))) CEDII DOIGS IDIIO IDIIO ENII D	MIT GEBES WINS MINTS NISTE GEBET INNE
- 8288-NW-56-S	TREET	- 8288 NW-56 STREET -			
MIAMI FL 33166 018				DO NOT WRITE IN T	LIC SDACE
us		US		3. Date Incorporated or Qualifed	TIO SPACE
				01/22/1975	
2 Principal P	lace of Rucinoss	2a. Mailing Address		4. FEI Number	Applied For
IIialaah Xim Taa IIialaah Xin			r, Inc.	59-1576941	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		· _	\$8.75 Additional
9789 NW 31 Street 27 P.O.Box 370			0236	5. Certificate of Status Desired	Fee Required
CMISMI, Fl. Wismi, Fl.				6. Election Campaign Financing	\$5.00 May Be
23 Midiii, F1.				Trust Fund Contribution	Added to Fees
Zip	Country	Zip 33137-02363	Country	8. This corporation owes the current year	
Zip 3317	72 U.S.	29 33137-0235	U.S.	Personal Property Tax.	[X]Yes □No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	red Agent
	****** # 14 h		81 Name		
DALMAU, JUAN			82 Street Addi	ress (P.O. Box Number is Not Acceptable) NW 31st. Street	
- 881-EAST 37 STREET				NW 31st. Street	<u> </u>
~ MAL	EAH FL 33013		83		•
			84 City		85 Zin Gode 2
			Mia Mia		
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 a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes.	•	·
SIGNATURE				od when reinstating) DATE	<u> </u>
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1,1 TITLE	ADDITIONO/OF WITCH TO SEE THE	☐ Change ☐ Addition
NAME	DALMAU, JUAN		1,2 NAME	•	
STREET ADDRES	881 E 37 STR	,	4.0 0 7 7 7 7 7 10 0 0 0 0 0 0 0 0 0 0 0 0		
CITY-ST-ZIP -	HIALEAH FL	•	1.4 CITV. ST. 21D	9789 NW 31st. Street	
TITLE	TIMEERITIE	☐ DELETE	2.1 TITLE	Miami, Fl. 33172	☐ Change ☐ Addition
NAME			2.2 NAME		• '
STREET ADDRESS			2.3 STREET ADDRESS	,	1
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		· Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
Crty-ST-ZiP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		{
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			5.2 NAME	•	-
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS	1		6 3 STREET ADDRESS		1

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 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305-821-0461