FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 669631 (4)

1. CORPORATE NAME
CAPEZZIO HAIR INNOVATIONS CORPORATION

Principal Place of Business
515 E ALTAMONTE DR
PALM SPRINGS CENTER
ALTAMONTE SPRINGS FL 32701

Mailing Address
515 E ALTAMONTE DR
PALM SPRINGS CENTER
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated (Month/Day/Year): 05/09/1980
3a. Date of Last Report: 10/28/1994

2. FEI Number: 59-1999644 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Elections Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

21 / 22 / 23 / 24 / 25 / 26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent
LEON, CLORINDA
888 W. CHARING CROSS CIR
LAKE MARY FL 32746

10. Name and Address of New Registered Agent
81 Name: LEON CLORINDA
82 Street Address (P.O. Box Number is Not Acceptable): 888 W CHARING CROSS CIR
83
84 City: LK MARY FL 85 Zip Code: 32746

11. Pursuant to the provisions of section 607.0505, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent and to comply with the requirements of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VDS
NAME	LEON, CLORINDA
STREET ADDRESS	888 N CHARINE CROSS CIR
CITY, ST, ZIP	LAKE MARY FL
TITLE	DPS
NAME	LEON, RALPH
STREET ADDRESS	888 W CHARINE CROSS CIRCLE
CITY, ST, ZIP	LAKEMARY FL

13. ADDITION, CHANGES TO OFFICERS AND DIRECTORS, BY:

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and includes all changes made to the corporation since the last report, if any, and that the corporation has paid all fees due to the Department of State for this report, and that the corporation has complied with all provisions of Florida Statutes, Chapter 607 and Chapter 608, Florida Statutes, and that the name and address of the registered agent and office is accurate.

SIGNATURE: R. LEON 4-28-95 (407) 339-3499
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

0035746 CP