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Secretary of State

02-24-1999 90038 010 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F54128

1. Corporation Name
ANTUAN HAIR DESIGN, INC

Principal Place of Business
17007 W DIXIE HWY
NORTH MIAMI BEACH FL 33160
US

Mailing Address
~~2271 NE 102 ST.~~
~~NORTH MIAMI BEACH FL 33160~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1981

4. FEI Number

59-2144005

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc:

City & State

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc:

City & State

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANO, RODOLFO A

~~2271 NE 102 ST.~~

~~NORTH MIAMI BEACH FL 33180~~

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CANO, RODOLFO A
STREET ADDRESS ~~2402 NE 104 ST~~
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE STD
NAME CANO, MONICA B
STREET ADDRESS ~~2402 NE 104 ST~~
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 17007 W. DIXIE HWY.
1.4 CITY-ST-ZIP N. MIAMI BEACH FL. 33160

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 17007 W. DIXIE HWY
2.4 CITY-ST-ZIP N. MIAMI BEACH, FL - 33160

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)