

**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 # G99083**

1. Corporation Name  
**SALON 41 HAIR DESIGN, INC.**

Principal Place of Business  
**456 ARTHUR GODFREY ROAD  
 MIAMI BEACH FL 33140-3504**

Mailing Address  
**456 ARTHUR GODFREY ROAD  
 MIAMI BEACH FL 33140-3504**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc  
 22 City & State  
 23 Zip Country  
 24 Zip Country

26 Suite, Apt #, etc  
 27 City & State  
 28 Zip Country  
 29 Zip Country

9. Name and Address of Current Registered Agent

**BARRETT, WILLIAM J.  
 440 NE 52ND ST.  
 MIAMI FL 33137**

81 Name  
 82 Street Address (P.O. Box Numbers Not Acceptable)  
 83 City  
 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 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. 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

Signature typed or printed name of officer or director

(11)

12. OFFICERS AND DIRECTORS		[ ] DELETE
TITLE	PD	[ ] DELETE
NAME	BARRETT, WILLIAM J.	
STREET ADDRESS	440 NE 52 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	[ ] DELETE
NAME	RODRIGUEZ, EDUARDO	
STREET ADDRESS	411 NE 52 TERR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		[ ] Change	[ ] Addition
11 TITLE			
12 NAME	000002836570-8		
13 STREET ADDRESS	-04/12/99--01117--008		
14 CITY-ST-ZIP	****150.00		
21 TITLE		[ ] Change	[ ] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		[ ] Change	[ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 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)(g), 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William J Barrett*

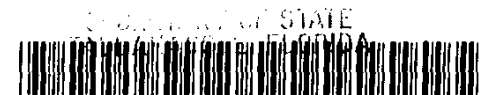
*De Treasurer*

3/8/99

164  
4/2

5321893

99 APR -2 PM 3:48



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **02/29/1984**
- 4. FEI Number: **59-2388529** [ ] Applied For  
[ ] Not Applicable
- 5. Certificate of Status Due:  **\$8.75** Additional Fee Required
- 6. Election, Change in Accounting, Trust Fund Contribution:  **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

000637

CR2E034 (11/98)