

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90012 030 ***150.00

DOCUMENT # H19247

1. Corporation Name

HAIR INNOVATIONS, INC.



Principal Place of Business

% ALTHEA D. HANNAH
3411 N.W. 188TH STREET
MIAMI FL 33055

Mailing Address

% ALTHEA D. HANNAH
3411 N.W. 188TH STREET
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1984

4. FEI Number

59-2442009

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

21 Elaine E. Quinn
Suite, Apt. #, etc.

22 3245 N.W. 80 TERR.

23 Miami, FL 33147

24 Zip Country

25 DADE

2a. Mailing Address

26 Elaine E. Quinn
Suite, Apt. #, etc.

27 3245 N.W. 80 TERR.

28 Miami, FL

29 Zip Country

30 DADE

9. Name and Address of Current Registered Agent

HANNAH, ALTHEA D.
3411 N.W. 188TH STREET
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name Elaine E. QUINN
82 Street Address (P.O. Box Number is Not Acceptable)
3245 N.W. 80 TERRANCE
83
84 City Miami FL 85 Zip Code 33147

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 4-28-99

12. OFFICERS AND DIRECTORS

TITLE CDP
NAME HANNAH, ALTHEA D.
STREET ADDRESS 3411 N.W. 188TH STREET
CITY-ST-ZIP MIAMI FL

TITLE DVT
NAME HANNAH, ALBERT, JR.
STREET ADDRESS 3411 N.W. 188TH STREET
CITY-ST-ZIP MIAMI 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 C.D.P.
1.2 NAME Quinn, Elaine E.
1.3 STREET ADDRESS 3245 N.W. 80th Terrace
1.4 CITY-ST-ZIP Miami, FL 33147

2.1 TITLE DVT
2.2 NAME Quinn, Ernest P.
2.3 STREET ADDRESS 3245 N.W. 80th Terrace
2.4 CITY-ST-ZIP Miami, FL 33147

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 4-28-99 (305) 836-9326 Daytime Phone #

CR2E034 (11/98)