FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

H37092

(4)

HAIRC	uts international, inc				
Principal Place	of Business	Mailing Address		I JABIBII BIBBI IIII JABIII ABIIIK IB	ara dini aram £1644 bibin dibin arbit nisit nisit nasi
		5339 N.STATE ROAD 7 TAMARAC FL 33319			
				 Date Incorporated or Qualified 01/08/1985 	3a. Date of Last Report 04/21/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2477972	Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		S. Fleetier Compaign Figureins	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability fo	
24	25		30	Florida Statutes	s 🕰 No
ev 30	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent
			81 Name	GEORBE KARAHA	4 5
KARAHALIOS, GEORGE			82 Street	Address (P.O. Box Number is Not Accepta	able)
	INUT ST			3820 ARTHUR ST	
HOLLYN	<u>/OOD FL 33021</u>		B3		
			84 City	40.	85 Zip Code
11 0	,	0		ruyucoo	FL 15:79.7 (*
or registere	ed agent, or both, in the State of Flor	z and 607.1508, Florida Statutes, ida. Such change was authorized	the above-named co by the corporation's	rporation submits this statement for the plooard of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
familiar wit	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered agen	t and till a fland oakle AVXIII	Registered Agent signature re		
12.		ID DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Elange ☐ Addition
NAME	KARAHALIOS, GEORGE		1.2 NAME	_	
STREET ADDRESS	332 WALNUT ST.		1.3 STREET ADDRESS	3820 ARTHUR ST	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP	die minimum of	
THELE	VDP	☐ DELETE	2 1 TITLE		Change Addition
NAME	KARAHALIOS, ANNA		2 2 NAME	0 -	• 7 7
STREET ADDRESS	832 WALNUT ST		2.3 STREET ADDRESS	3820 ACOLL ST	
CHY-ST-ZP	HOLLYWOOD FL		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7/P		Per no eve	3 4 CITY - ST - ZIP		
TETLE		☐ DELETE	. 4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		□ DELETE	4.4 CITY - ST - ZIP		Chones El Addition
TITLE ANDES		☐ DELETE	5. 1 TITLE		Change Addition
NAME STREET ADDRESS			5 2 NAME		
			5.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		C Suange C Roomon
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST. 7IP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 inchanged, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

CHORGE KALTHAMAS 2/10/18 94

CR2E034 (12/95)