FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

4-17-95 8-3166

CORPORATION ANNUAL REPORT 1995

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

AND FILED
95 APR 19 AM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H39080 (7)

1. Corporation Name
HAIR HEADQUARTERS, INC.

Principal Place of Business	Mailing Address
% DIANE PEART 13020 NW 7TH AVE MIAMI FL 33168 US	% DIANE PEART 13020 NW 7TH AVE MIAMI FL 33168 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/22/1985
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21 % DIANE PEART	26 % DIANE PEART
22 Suite, Apt. #, etc. 17230 NW 27 AVE	27 Suite, Apt. #, etc. 17230 NW 27TH AVE
23 City & State MIAMI - FLORIDA	28 City & State MIAMI - FLORIDA
24 Zip 33056 25 Country USA	29 Zip 33056 30 Country USA

4. FEI Number: 59-2492023 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEART, DIANE 13020 NW 7TH AVE MIAMI FL 33168	81 Name PEART, DIANE 82 Street Address (P.O. Box Number is Not Acceptable) 17230 NW 27 AVE 83 84 City MIAMI FL 85 Zip Code 33056

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☑ Change ☐ Addition
NAME	PEART, DIANE	12 NAME	PEART, DIANE
STREET ADDRESS	13020 NW 7TH AVE	13 STREET ADDRESS	17230 NW 27AVE
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33056
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 added in connection with an address.

SIGNATURE: Diane Peart 4-8-95 305-6244760
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #
DIANE PEART - PRESIDENT

0183000 CP