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PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

FILED Apr 29 1998 8:00am Secretary of State

LA JEN HAIR FASHIONS OF STO	CK ISLAND INC.				838 H BIRII AIRH BIRIK 3881
Principal Place of Business	Mailing Address				FIGH 2001 AND HOURT 1951
% HELEN LAVALLE	* HELEN LAVALLE				
5635 MACDONALD AVE 5635 MACDONALD AVE				DO NOT WIDITE IN THIS S	DACE
KEY WEST FL 33040 KEY WEST FL 33040)	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		PACE
				12/19/1985	
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21 26				59-2624701	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27			B. Continuate of States Desired	Fee Required
City & State City & State				B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zp Country		Tradity and Commission	Added to Fees	
24 25	29	30	',	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	Yes No
g. Name and Address of Curren		1301		10. Name and Address of New Registered A	
LAVALLE, HELEN		8	1 Name		
5635 MACDONALD AVE		8	2 Street Add	iress (P.O. Box Number is Not Acceptable)	
KEY WEST FL 33040					
		8	3		ł
		8	4 City		85 Zip Code
	0074600 Ft. 1- D		<u> </u>	<u>FL</u>	shanding its registered
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliging	e of Florida. Such change w	atutes, the abo as authorized l	by the corpora	poration submits this statement for the purpose of the appoint on the board of directors. I hereby accept the appoint in the appointment of the appointment of the purpose of the appointment of	intment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505	i, Florida Statut	es .		
SIGNATURE Signature, typed or printed name of registered ago	ont must falle if manufacular	NOTE Registered A	oent signature requi	ired when reinstating) DATE	
12. OFFICERS AND		13.	- Joseph	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE DP	DELETE	1.1 TITUE			Change Addition
NAME LAVALLE, HELEN			E		la
STREET ADDRESS 5635 MACDONALD AVE			ET ADDRESS		
CITY-ST-ZIP KEY WEST FL			-ST-ZIP		
TITLE	☐ DELETE		i	•	Change Addition
NAME		2.2 NAM	- I		
STREET ADDRESS			ET ADORESS		
CITY-ST-ZIP	DELETE	2. 4 GHV	-ST-ZIP		Change Addition
NAME	EJ VELLIE	3.7 HILE 3.2 NAM	i		
STREET ADDRESS		5,5,7,5	ET ADDRESS		
City-si-zip			r-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAV	AE]		
STREET ADDRESS		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP		4.4 CITY			
TITLE	☐ DELETE	5.1 TITLE	I	· ·	☐ Change ☐ Addition
NAME		5.2 NAM	I		
STREET ADDRESS		1	ET ADDRESS		1
CITY-ST-ZIP	T DELETE	5.4 CITY			Change Addition
TITLE	☐ DELETE	6.1 TITLE	I		C Augusto C Montroll
NAME expect appaced		6.2 NAM 6.3 CTDS			
STREET ADDRESS		6.4 CITY	ET ADDRESS		
14. I hereby certify that the information supplied w	vith this filing does not qual			Section 119.07(3)(i), Florida Statutes. I further cer	tify 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.