FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # J43678 (8)

1. Corporation Name
FANTASIA BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
2916 N UNIVERSITY DR 300 SOUTH PINE ISLAND ROAD #301 CORAL SPRINGS FL 33065	2916 N UNIVERSITY DR 300 SOUTH PINE ISLAND ROAD #301 CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 11/21/1986
3a. Date of Last Report: 05/18/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2782807 ☐ 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

ROTHENBERG, LARRY A.
LAKE WYMAN PLAZA
2424 N. FEDERAL
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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

Field	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	DP ☑ DELETE	DS ☑ DELETE	☐ DELETE	☐ DELETE	☐ DELETE	☐ DELETE
NAME	MORALES, DAWN M.	MORALES, VIRGINIA				
STREET ADDRESS	8588 N.W. 18 PLACE	8588 N.W. 18 PLACE				
CITY-ST-ZIP	CORAL SPRINGS FL	CORAL SPRINGS FL				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry
1.1 TITLE	☑ Change ☐ Addition
1.2 NAME	Dawn Morales M.
1.3 STREET ADDRESS	9664 Royal Palm Blvd.
1.4 CITY-ST-ZIP	Coral Springs, FL. 33065
2.1 TITLE	☑ Change ☐ Addition
2.2 NAME	Virginia Morales
2.3 STREET ADDRESS	8214 N.W. 41 Street
2.4 CITY-ST-ZIP	Coral Springs FL. 33065
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Virginia Morales, Secretary Treasurer 4/4/96 954-755-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
Virginia Morales

CR2E034 (12/95)