

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # J84294 (4)**

1. Corporation Name  
**INNOVATIONS HAIR BOUTIQUE, INC.**



Principal Place of Business: **% JACOB FISHMAN 2445 N.E. 209TH TERR. N.MIAMI BCH. FL 33180**  
Mailing Address: **% JACOB FISHMAN 2445 N.E. 209TH TERR. N.MIAMI BCH. FL 33180**

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

3. Date Incorporated or Qualified <b>07/21/1987</b>	3a. Date of Last Report <b>03/20/1995</b>
4. FE Number <b>59-2835608</b>	Applied For Not Applicable
5. Contribution of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MIRANDA, GILBERT  
2445 N.E. 209TH TERR.  
N.MIAMI BCH. FL 33180**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL 85</b> Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, Florida Statutes, by above named depositor submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, each change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>MIRANDA, GILBERT</b>	
STREET ADDRESS	<b>2445 N.E. 209TH TERR.</b>	
CITY-ST-ZIP	<b>N.MIAMI BCH. FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>MIRANDA, LILLIAN</b>	
STREET ADDRESS	<b>2445 N.E. 209TH TERR.</b>	
CITY-ST-ZIP	<b>N.MIAMI BCH. FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true and correct, and does not qualify for the exemption stated in Section 119.02(3)(g), Florida Statutes. I further certify that the information included in this annual report or single annual report is true and accurate and that the reporting shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed to be an alternate agent with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21-16-96

CR2E034 (12/95)