

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 07/21/1987	3a. Date of Last Report 03/20/1995
4. FE Number 59-2835608	Applied For Not Applicable
5. Contribution of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
84	City
FL 85	Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(1), Florida Statutes, by above named depositor, submit 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PTD	MIRANDA, GILBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2445 N.E. 209TH TERR.			
N.MIAMI BCH. FL			
VSD	MIRANDA, LILLIAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2445 N.E. 209TH TERR.			
N.MIAMI BCH. FL			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)