

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K24643

(4)

1. Corporation Name

SHAPERS, A HAIR SALON, INC.

Principal Place of Business

1420 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

1420 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-4008

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

g. Name and Address of Current Registered Agent

FREE, MARK D.
1420 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

05/25/1988

3a. Date of Last Report

06/14/1996

4. FLE Number

65-0056205

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registrant. (Type, print, and title if applicable)

(NOTE: Registered Agent Signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

[] DELETE

NAME

FREE, MARK D.

STREET ADDRESS

1420 PONCE DE LEON BLVD.

CITY-STATE-ZIP

CORAL GABLES FL

TITLE

SD

[] DELETE

NAME

MARTINEZ, MARIO F.

STREET ADDRESS

1420 PONCE DE LEON BLVD.

CITY-STATE-ZIP

CORAL GABLES FL

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

[] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

[] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

[] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

[] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

[] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

[] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

Mark D. Free

4/30/97 44-696846

FILED
May 16 1997 8:00am
Secretary of State



CR2E034 (9/96)