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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K32738

SPARCOF HAIR DESIGNERS, INC.

(2)

Mailing Address

FILED May 01 1997 8:00am Secretary of State



13874 S.W. 88TH ST Miami Fl 33186		13874 S.W. 88TH ST Miami Fl 33186-1304	13874 S.W. 88TH ST MIAMI FL 33186-1304				
					3. Date Incorporated or Qualified 09/09/1988	3a. Date of Last R 03/05/1996	eporl
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ar	pplied For
21		26	26		65-0074526	Not Applicable	
Sulfe, Apt. #, etc.		Suite, Apt. #, etc.	H-1 ' ' ' '		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		8. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added Added	to Fees
Zip	Country	7(p :	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
	IS, VICTOR HUGO		8	1 Name			
2503	3 S.W. 27TH AVE		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
MIAJ	MI FL 33133		8	3			
				1 0:			
			6	4 City		FL 85 Zip	Code
office or re	to the provisions of Sections 607. egistered agent, or both, in the Si m familiar with, and accept the ob	ate of Florida. Such change was	: authorized	by the corpor	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered
SIGNATURE						ELTE.	
	Signature, typed or printed name of registered		ITE Registered /	gent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTOR	25 INI 12
12.	PD	AND DIRECTORS DELETE	1.1 1010		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	IGLESIAS, MAGALY		1.2 NAM	- 1		CT cuando	
NAME	14515 S.W. 107TH TER			E1 ADORESS			
STREET ADDRESS	MIAMI FL		. I				
CITY-ST-ZIP TITLE	AD MINIMI LE	☐ DELETE	2 1 THTL			Change	Addition
	AUU AP AI AI		2 2 NAM				
NAME	15142 SW 297TH TERR			ET ADDRESS			1
STREET ADDRESS	MIAMI FL						1
CITY-ST-ZIP	MIAMI PL DELETE		3 1 TITE	'-ST-ZIP	**	Change Addition	
1			3.2 NAM	· · · · · · · · · · · · · · · · · · ·		<u></u>	
NAME				E1 ADDRESS			İ
STREET ADDRESS				-ST-ZIP			
CITY-ST-ZIP TITLE			4.1 TITL		The state of the s	Change	Addition
NAME			4. 2 NA			_	
STREET ADDRESS				ET ADDRESS			
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CITY-ST-ZIP TITLE		DECÈTE	5.1 TITL			Change	Addition
NAME			5.2 NAM			•	
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP				- ST - ZIP			
TITLE		DELETE	6.1 TITL			☐ Change	Addition
NAME			6.2 NAN				
STREET ADDRESS				ET ADDRESS	•		
CITY-ST-ZIP				'- SI - 7IP			
ALL LAILER	L		J 10151				

14. I do hereby certify that the information supplied with this filting 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 logal 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.