

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K36578

(8)

1. Corporation Name

CHARO HAIR STYLING & BOUTIQUE, INC.

Principal Place of Business

16861 N.W. 57TH AVENUE
MIAMI FL 33065

Mailing Address

16861 N.W. 57TH AVENUE
MIAMI FL 33055-3820

2. Principal Place of Business

21 16915 N.W. 57th Ave.

2a. Mailing Address

26 16915 N.W. 57th Ave.

Suite, Apt #, etc.

Suite, Apt. #, etc.

22

27

City & State
23 Miami, FL

City & State
28 Miami, FL

24 Zip 33055

25 Country

Zip 33055

29 Country

9. Name and Address of Current Registered Agent

RODRIGUEZ, LINAVEL
5491 N.W. 171ST TERRACE
MIAMI FL 33055

61 Name

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

63

64 City

85 Zip Code

FL

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

Signature, Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SIBILLY, MARGARITA
18705 NW 78 PLACE
MIAMI FL

DELETE

1.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
RODRIGUEZ, LINAVEL
5491 NW 171 TERRACE
MIAMI FL

DELETE

2.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

Change

Addition

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: *Margarita Sibilly* Margarita Sibilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 29 1997 8:00am
Secretary of State



CR2E034 (9/96)

4-22-97

(305) 625-9089

Date

Daytime Phone #

0142219