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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90087 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K36578

1. Corporation Name

Charo Hair Styling & Boutique, Inc.

Principal Place of Business

Mailing Address

16915 N.W. 57th Ave. 16915 N.W. 57th Ave.
Miami, FL 33055 Miami, FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/88

4. FEI Number
65-0074711 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal
Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 607.0502 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

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D/P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Charge <input type="checkbox"/> Addition
NAME	Sibilly, Margarita	1.2 NAME
STREET ADDRESS	18705 N.W. 78th Pl.	1.3 STREET ADDRESS
CITY - ST - ZIP	Miami, FL 33015	1.4 CITY - ST - ZIP
TITLE	D/S/T <input type="checkbox"/> DELETE	21.1 TITLE <input type="checkbox"/> Charge <input type="checkbox"/> Addition
NAME	Rodriguez, Linavel	21.2 NAME
STREET ADDRESS	5491 N.W. 171st Terr.	21.3 STREET ADDRESS
CITY - ST - ZIP	Miami, FL 33055	21.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	31.1 TITLE <input type="checkbox"/> Charge <input type="checkbox"/> Addition
NAME		31.2 NAME
STREET ADDRESS		31.3 STREET ADDRESS
CITY - ST - ZIP		31.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	41.1 TITLE <input type="checkbox"/> Charge <input type="checkbox"/> Addition
NAME		41.2 NAME
STREET ADDRESS		41.3 STREET ADDRESS
CITY - ST - ZIP		41.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	51.1 TITLE <input type="checkbox"/> Charge <input type="checkbox"/> Addition
NAME		51.2 NAME
STREET ADDRESS		51.3 STREET ADDRESS
CITY - ST - ZIP		51.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	61.1 TITLE <input type="checkbox"/> Charge <input type="checkbox"/> Addition
NAME		61.2 NAME
STREET ADDRESS		61.3 STREET ADDRESS
CITY - ST - ZIP		61.4 CITY - ST - ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Margarita Sibilly* Margarita Sibilly 4-22-99 (305) 625-9089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #