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. PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90002 041 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K38172 1. Corporation Name

SANTI'S HAIR INTERNATIONAL, INC.

	HARLING COLUMN	_					
Principal Place	of Business	Mailing Address		((())) () () () () () () ()	, •••		
3240 S.W. 19 ST	TREET	9240 S.W. 19 STREET					
MIAMI FL 33165 MIAMI FL 33165			DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed		-	
				10/12/1988			
2 Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Appli	ied For	5
2. Frincipai i i	ace of Educations	26		65-0083308		Applicable	,
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad		; .
2		27		o, ournous s, class s s	Fee Requ		
City & State	9	City & State		6. Election Campaign Financing	\$5.00 M		در پ
3		28		Trust Fund Contribution		rees	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible Yes	□No	
4	25	- ·		Personal Property Tax. 10. Name and Address of New Registere			
	9. Name and Address of Curren	nt Registered Agent	81 Name	10, Name and Address of New Lag.			
DI 117	, santiago		1 1			<u> </u>	
	S.W. 19 STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	MI FL 33165		83	11 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	i i	10 10 11	
MINTIN	WI I E 33 100				11122	Ale Marie III	
			84 City	F	85 Zip Co	ode	
			1 1				
	5 Factions 607 05	22 and 607 1508 Florida Statutes	s the above-named corr	poration submits this statement for the purpose	of changing its r	egistered	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the above-named corporation the statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its regi	egistered istered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.	· · ·	of changing its repointment as regi	egistered istered	≅
office of reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: F	da Statutes. Registered Agent signature requir	red when reinstating) / DATE	· ·		(88)
office of for agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS A	ations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505, Floridatio	da Statutes.	ADDITIONS/CHANGES TO OFFICERS	· ·		(11/98)
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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.