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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K73141** **(9)**

1. Corporate Name
HAIR TODAY OF MIAMI, INC.

Principal Place of Business
12576 SOUTHWEST 88 STREET
MIAMI FL 33186
US

Mailing Address
12240 SW 71ST CT.
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 03/14/1989
3a. Date of Last Report: 07/21/1994

2. Principal Place of Business
21 11271 S Dixie Hwy
22 Suite, Apt. #, or Bldg.
23 City & State: Miami FL
24 Zip: 33156
25 County: DADE

2a. Mailing Address
26
27 Suite, Apt. #, or Bldg.
28 City & State
29 Zip
30 County

4. FEI Number: 65-0106466 ☐ 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. Does corporation owe any delinquent tax under s. 199.052, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOFFER, NOGA
12240 SOUTHWEST 71 COURT
MIAMI FL 33156

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 Section(s) 607.0502 and 607.150(2), 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. Each 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: + Noga Hoffer 4/13/95

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: HOFFER, NOGA
STREET ADDRESS: 12300 SW 69TH PLACE
CITY-ST-ZIP: MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is true and accurate and that my electronic 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 I am aware of and in compliance with the requirements of Section 607.0502, Florida Statutes.

SIGNATURE: + Noga Hoffer 4/13/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0169262 CP