

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L33110

(2)

1. Corporation Name

HAIRCOLOR U.S.A., INC.

Principal Place of Business

% JESSE BRIGGS
1007 E LAS OLAS BLVD
FT LAUDERDALE FL 33301

Mailing Address

% JESSE BRIGGS
1007 E LAS OLAS BLVD
FT LAUDERDALE FL 33301



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

BRIGGS, JESSE
1007 E LAS OLAS BLVD
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0156128

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

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 602.002 and 602.1702, Florida Statutes, this 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. The change is not the appointment of a registered agent. I am

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY, ST, ZIP	1.4 CITY, ST, ZIP
2. TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY, ST, ZIP	2.4 CITY, ST, ZIP
3. TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY, ST, ZIP	3.4 CITY, ST, ZIP
4. TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY, ST, ZIP	4.4 CITY, ST, ZIP
5. TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY, ST, ZIP	5.4 CITY, ST, ZIP
6. TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY, ST, ZIP	6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information provided in 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, and that I am authorized to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attached sheet with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

CR2E034 (12/95)