

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L 33322 (3)**  
1. Corporation Name  
**ROBERT'S HAIR DESIGN, INC.**

APPROVED  
AND  
FILED  
95 JUN 28 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**40 ROBERT CABRERA ST** **SAME AS MENTIONED**  
**12757 S.W. 42 ST**  
**MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <b>12757 S.W. 42 ST</b>	2a. Mailing Address 26 <b>SAME AS ABOVE</b>	3. Date Incorporated or Qualified <b>11/29/1989</b>	3a. Date of Last Report <b>03/25/94</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0172760</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>MIAMI FL</b>	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>33175</b>	25 Country <b>USA</b>	29 Zip	30 Country
9. Name and Address of Current Registered Agent <b>CABRERA, ROBERT</b> <b>1500 S.W. 71 AVE</b> <b>MIAMI FL 33144</b>		10. Name and Address of New Registered Agent	

81 Name <b>N/A</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CABRERA, ROBERT</b>	1.2 NAME		<b>800001527218</b>
STREET ADDRESS <b>1500 SW 71 AVE</b>	1.3 STREET ADDRESS		<b>-06/29/95--01066--003</b>
CITY - ST - ZIP <b>MIAMI FL 33144</b>	1.4 CITY - ST - ZIP		<b>*****5.00 *****5.00</b>
TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2.2 NAME		<b>800001527218</b>
STREET ADDRESS	2.3 STREET ADDRESS		<b>-06/29/95--01066--004</b>
CITY - ST - ZIP	2.4 CITY - ST - ZIP		<b>*****61.25 *****61.25</b>
TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME		<b>800001527218</b>
STREET ADDRESS	3.3 STREET ADDRESS		<b>-06/29/95--01066--005</b>
CITY - ST - ZIP	3.4 CITY - ST - ZIP		<b>*****138.75 *****138.75</b>
TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME		<b>800001527218</b>
STREET ADDRESS	4.3 STREET ADDRESS		<b>-06/29/95--01066--006</b>
CITY - ST - ZIP	4.4 CITY - ST - ZIP		<b>*****25.00 *****25.00</b>
TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY - ST - ZIP	5.4 CITY - ST - ZIP		
TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Roberto Cabrera** **June 19 1995 (573 7276)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date