

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14705

(1)

1. Corporation Name

A FLAIR FOR HAIR, INC.

Principal Place of Business

% PHYLLIS W. LE FEVRE
12764 NORTH KENDALL DRIVE
MIAMI FL 33186

Mailing Address

% PHYLLIS W. LE FEVRE
12764 NORTH KENDALL DRIVE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1985

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2523529

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

LE FEVRE, PHYLLIS W.
12764 NORTH KENDALL DRIVE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

GEORGE M. ARIAS

82 Street Address (P.O. Box Number is Not Acceptable)

12764 North Kendall Drive

83

84 City

MIAMI

FL

85 Zip Code
33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

George M. Arias

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/17/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LE FEVRE, PHYLLIS W.
STREET ADDRESS	6820 S.W. 126 TERRACE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	RICHARD A. JARVIS	
1.4 CITY - ST - ZIP	3341 S. Fairway Terrace, Inverness, FL 34450	
2.1 TITLE	DV	☐ Change ☒ Addition
2.2 NAME	GEORGE M. ARIAS	
2.3 STREET ADDRESS	15051 S.W. 103 Ln #4212	
2.4 CITY - ST - ZIP	Miami, FL 33196	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George M. Arias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 (JAS) 387-4247

DATE

Daytime (Area)