

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M14705** (1)

1. Corporation Name

A FLAIR FOR HAIR, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

04/30/1985

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **GEORGE M. ARIAS**

26 **GEORGE M. ARIAS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE M ARIAS
12764 NORTH KENDALL DRIVE
MIAMI FL 33186**

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 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

Signature, typed or printed name of registered agent must be typed.

1901c Registered Agent's signature required when first filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **JARVIS, RICHARD**
STREET ADDRESS **3341 S FAIRWAY TERRACE**
CITY-ST-ZIP **INVERNESS FL**

TITLE **DV** ☐ DELETE
NAME **ARIAS, GEORGE**
STREET ADDRESS **15051 SW 103 LANE 4212**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **ARIAS, GEORGE M.**
2.3 STREET ADDRESS **11041 SW 63 TERRACE**
2.4 CITY-ST-ZIP **MIAMI, FL. 33173**

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 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:

George M. Arias DV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

(305) 387-4247
Telephone #

CR2E034 (12/95)