

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:44

DOCUMENT # M58710 (8)

1. Corporation Name

HAIR ELEGANCE, INC.

Principal Place of Business

17946 S. DIXIE HWY.
MIAMI FL 33157

Mailing Address

17946 S. DIXIE HWY.
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

09/08/1987

3a. Date of Last Report

07/11/1994

4. FEI Number

65-0015121

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,

Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANLEY, OMOTAYO
0000 S.W. 117th PLACE
MIAMI FL 33157

17143 S W 87th Ave

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 and title if applicable)

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

(AT)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ANLEY, OMOTAYO
STREET ADDRESS	0000 S.W. 117th PLACE
CITY, ST, ZIP	MIAMI FL 33157
TITLE	S
NAME	ANLEY, ISAAC
STREET ADDRESS	0000 S.W. 117th PLACE
CITY, ST, ZIP	MIAMI FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

Omotayo Anley

Typed or Printed Name of Signing Officer or Director