## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M58710

(8)

HAIR ELEGANCE, INC.

Principal Place of Business

Mailing Address

17846 S. DIXIE HWY. MIAMI FL 33157 17846 S. DIXIE HWY. MIAMI FL 33157-5421 FILED Apr 28 1997 8:00am Secretary of State



MIAMI FL 33157		MIAMI FL 33157-5421							
						3. Date Incorporated or Qualified 09/08/1987		te of Last 13/1996	
2, Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	$\rightarrow$	Applied For
21		26				65-0015121			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution			<b>0</b> May Be d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in	ntangible	tax under	s. 199.032
24	25	29	30				Yes [		
	9. Name and Address of Curre	ent Registered Agent			<del></del>	10. Name and Address of New Reg	gistered /	Agent	
	EYE, OMOTAYO			B1	Name	•			
	43 SW 87TH AVE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
MIAI	MI FL 33157					· · · · · · · · · · · · · · · · · · ·			
				83					
				84	City		FL	85 Z	p Code
44 Floor work	to the requirement of Continue COT AC	OO and EO7 1609 Florida Platu	ton the al		nomod corr	poration submits this statement for the pr		obene ne	its registered
office or r agent. La	ogistered agent, or both, in the Stat ini familiar with, and accept the obli	te of Florida. Such change was	authorized	d by	the corporat	tion's board of directors. I hereby accep	t the app	ointment a	as registered
SIGNATURE	Sagnia and Type if or printed mone of registered a	gent and lifte if applicable (NO	IE Registered	d Age	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TOTE	P	DELETÉ	1.1 T	ΓL€	ĺ	1		Changi	e 🔲 Addition
NAME	AJILEYE, OMOTAYO		1.2 N/	AME					
STREET ADDRESS	17143 SW 87TH AVE		1.3 \$1	REET	ADDRESS				
CITY-\$1 Zie:	MIAMI FL		1.4 CI		1-2 P			T-1 -:	
T:TLF	S IN THE IOAAO	☐ DELETE	2111					L Change	e L Addition
NAME	AJILEYE, ISAAC		22 N		1				
STREET ADDRESS	17143 SW 87TH AVE				ADDRESS				
CHTY - \$1 - 20°	MIAMI FL	DELETE			ST-ZIP			Change	e Addition
Tille		ר ו מנרנונ	3.1 70					L Criang	3 E Madition
NAME			3.2 N/						
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP		DELETE			ST-ZIP			Chang	e Addition
THE		(Detere	4.1 (1)					C. Chang	; LJ Addition
NAME			4. 2 N		4000000				
STREET ADDRESS					ADDRESS				
OHY-ST ZIP TOTAL		DELETE	4.4 CI 5.1 Ti		1 - ZIP			Chang	e Addition
		_ presit	5.1 N					orang	- Emi respective
NAME STREET ADDRESS			4		ADDRESS				
			54 C						
CID S1-Zi€ T II f		DELETE	61 TI		1-21			Chang	e Addition
NAME		La Deceie	6.2 N		1			- Cinny	
STREET AODRESS					ADDRESS				
CHY+\$1+760			6.4 CI						
	by certify that the information suppl	ed with this filing does not gua				d in Section 119.07(3)(i), Florida Statutes	s. I furthe	r certify th	al the

4. To hereby certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the fame legal effect as if made under oath; that lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60. Florida Statutes; and that my name appears in Block 12 or Block 13 if playing do or given attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICE OR DIRECTOR