| FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 |
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PROFIT
CORPORATION
ANNUAL REPORT
1999/2000



FLORIDA DEPARTMENT OF STATE

Katherinalarris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT#

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-YISION OF CORPORATION:

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|---|---|--------------------------------------|--|--|--|
| Principal Place of Business 6325 Collins AUE 13 | Address 890 Cipless Liami Lake | Court | | | |
| US Ste 145 US MAMI LAKE AA | | | DO NOT WRITE IN THIS SPACE | | |
| MIAMI BEACH \$4 33140 | 33014 | • | 3. Date incorporated or Qualifed | b . | |
| | iling Address | | 4. FEI Number | Applied For | |
| | 26 | | 65-0035190 | Not Applicable | |
| 22 | 1890-Cibres | s Covat | 5: Certificate of Status Desired === | \$8.75 Additional Fee Required | |
| <u> </u> | y & State | Fla | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | Counti | 1/7 | Trust Fund Contribution | Added to Fees | |
| 219 250 29 | 3 104 30 Count | 1.5.A | This corporation owes the current year Personal Property Tax. | ar Intangible ☐ Yes ☐ No | |
| 9. Name and Address of Current Registere | | . 3777 | 10. Name and Address of New Registe | | |
| 1 1 | 1 8 | 1 Name | 14. Halla and Hadless of New Registe | neo Agent | |
| HERNADEZ HEKNA | · | | | | |
| 13890 CIBRESS C | ugt 18 | 1 | ss (P.O. Box Number is Not Acceptable) | 1748-2 | |
| minmi dake | JA 33104 | 3 | | -01012022 | |
| 377123-1117 0-13 1 | 8 | | | FL | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1 office or registered agent, or both, in the State of Florida, agent, I am familiar with, and accept the obligations of, Ser | 508, Florida Statutes, the about the change was authorized by | ve-named corpor y the corporation | ation submits this statement for the purpos 's board of directors. I heraby accept the a | se of changing its registered ppointment as registered | |
| SIGNATURE | | | | | |
| Signature, typed or printed name of registered agent and title if appl | cable. (NOTE: Registered Ag | ent signature required w | when reinstating) DAT | E | |
| 12. OFFICERS AND DIRECTO |)RS 13. | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 12 | |
| ITLE I PT | DELETE 1.1 TITLE | Ì | • | ☐ Change ☐ Addition | |
| NAME PEREZ MIGUEL F. | 12 NAME | · . | | | |
| STREET ADDRESS 13890 Cipress Con | 1.3 STREE | ET ADDRESS | والمتاريخ والمتار والم | a management of a mine | |
| CITI-ST 30 MIAMI FLMIAMI, KAKE | TA 33014 14 CITY. | ST-ZIP | 80000332 | | |
| SOHERNANDEL FIER | DELETE 2.1 TITLE | 1 | | Change | |
| (APAPIL | E Z.Z NAME | i | | | |
| STREET ADDRESS 13890 CIBRESS COUNT | 1 33/0(1 23 STRE | ET ADDRESS | | * | |
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| NAME | |) | | ☐ Change ☐ Addition | |
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| CITY-ST-ZIP | | ET ADDRESS | | | |
| TILE | DELETE 51 TITLE | | | Change Addition | |
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| CITY-ST-2P | 54 CITY-1 | Į. | | | |
| TITLE | DELETE 6.1 TITLE | | | Change Addition | |
| NAME | 6.2 NAME | | | (*) 4.19.180 (*) 1400/101 | |
| STREET ADDRESS | | ET ADDRESS | | | |
| CITY-ST-ZIP | 6.4 CITY- | | | | |
| 14. Thereby certify that the information supplied with this filling. | | 1 | 110 03/03/03 Flexible Control | | |

14. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 path, that I am an officer or director of the copporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND EXPEDITION OF STORING OFFICER OF DIRECTOR

04/16/00

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