

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

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**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **M84911 (0)**  
1. Corporation Name  
**PAUL'S INTERNATIONAL HAIR DESIGN, INC.**



Principal Place of Business: **3929 N.E. 163RD ST N. MIAMI BEACH FL 33160**  
Mailing Address: **3929 N.E. 163RD ST N. MIAMI BEACH FL 33160-4125**

3. Date Incorporated or Qualified: **06/07/1988**  
3a. Date of Last Report: **04/04/1996**  
4. FEI Number: **65-0052357**  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite/Apt, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**KINAS, PAUL  
3929 N.E. 163RD ST  
N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, of the above-named corporation, do hereby certify that the information furnished on this statement is true and correct to the best of my knowledge and belief, and I am familiar with the contents of this statement, and I accept the obligations of Section 607.0505, Florida Statutes, to file this statement with the Department of State.

SIGNATURE: \_\_\_\_\_ (Signature of Alicia B. Kinas) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	
NAME	KINAS, PAUL	NAME	
STREET ADDRESS	8985 BAY DR.	STREET ADDRESS	
CITY - ST - ZIP	SURFSIDE FL	CITY - ST - ZIP	
TITLE	STD	TITLE	
NAME	KINAS, ALICIA	NAME	
STREET ADDRESS	8985 BAY DR.	STREET ADDRESS	
CITY - ST - ZIP	SURFSIDE FL	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

14. I do hereby 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 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 Book 12 or Book 11, if changed, or on an attachment with an address.

SIGNATURE: **Alicia B. Kinas** (Alicia B. Kinas) 3-31-97 949-9701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)