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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M91894



Secretary of State DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-17-1999 90097 043 ***150.00



PANACH	ie hair designs, inc.										
Principal Place	e of Business	Mailing Address				- (##1881) tib ibibi iled: (#1818)) :				
% D. MERCEDE		% D. MERCEDES BENDER									
1633 NORTH BAYSHORE DRIVE MIAMI FL 33132		1633 NORTH BAYSHORE DRIVE MIAMI FL 33132				DO NOT WRITE IN THIS SPACE					
MINIMI IL JOIDE	.	MINMI I C 50102				3. Date Incorporated or Qualifed	_				l
						08/01/1988					ĺ
2. Principal Pt	lace of Business	2a. Mailing Address			_	4. FEI Number			Applie	ed For	
21		26				65-0064705		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired				ditional.	
22		27							Requ		l
City & State	e Campus Santa	City & State		~		6. Election Campaign Financing	<u> </u>		00 Ma led to F		l
23	· · · · · · · · · · · · · · · · · · ·	28	Col	untry		Trust Fund Contribution			eutor	ees	l
Zip	Country	Zip	30	uriu y		 This corporation owes the curr Personal Property Tax. 		∏ Yes		No	
24]	9. Name and Address of Current		30	Т	-	10. Name and Address of New I	_				ĺ
	5. Name and Address of Current	t registered Agent		81	Name						ĺ
BENI	der, D. Mercedes				<u> </u>	(D.O. B., M., L., L., L., L., L., L., L., L., L., L	-blal				ĺ
	NORTH BAYSHORE DR			82	Street Addres	ss (P.O. Box Number is Not Accept	apiej				ĺ
MIAN	AI FL 33132			83	_		_		-		l
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				84	City		FL	85	Zip Co	ue	i
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office or re agent. I at SIGNATURE	m familiar with, and accept the obligat	dons of Section 607.0305,	FIUNGA STAT	iules.		ration submits this statement for the o's board of directors. I hereby acce		unen a			
agent. I al	Signature, typed or printed name of registered agen	t and title if applicable. (7	NOTE: Registere	d Agent	ne corporation	when reinstating)	DATE				
agent, i al SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (7	NOTE: Registered	d Agent :			DATE		CTORS		100
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14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: