Amended A61.25

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 DEC 18 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012781

1. Corporation Name
KIDDY CLUB HAIR PLACE, INC.

Principal Place of Business / Mailing Address

KIDDY CLUB HAIR PLACE, INC.
3905 S.W. 137th AVE
MIAMI, FLORIDA 33175

2. Principal Place of Business: 21 | Suite, Apt #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address: 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

3. Date Incorporated or Qualified: December 14, 1992

3a. Date of Last Report: DECEMBER 1995

4. FEI Number: 65-0386456 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

NOAMI RAMOS
11510 N. W. 4th Terrace
Miami, Fl 33172

10. Name and Address of New Registered Agent

81 Name: ALIPIO GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1029 S.W. 124 AVE.
83
84 City: MIAMI FL 85 Zip Code: 33184

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 ALIPIO GONZALEZ - DIRECTOR [signature] DATE 11-6-1996

Typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☒ DELETE
NAME	NOEMI RAMOS	
STREET ADDRESS	11510 N. W. 4th Terrace	
CITY-ST-ZIP	Miami, Fl 33172	
TITLE	Treasurer	☒ DELETE
NAME	Fernando Ramos	
STREET ADDRESS	11510 N. W. 4th Terrace	
CITY-ST-ZIP	Miami, Fl 33172	
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	MIRIAM GONZALEZ	
1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	1029 S.W. 124 AVE MIAMI, FL 33184	
2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
2.2 NAME	ALIPIO GONZALEZ	
2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1029 S.W. 124 AVE. MIAMI FL 33184	
3.1 TITLE		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
6.1 TITLE		☐ Change ☐ Addition

100002036991--3
-12/24/96--01082--018
*****61.25 *****61.25

12-18-96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALIPIO GONZALEZ - DIRECTOR [signature] 11-06-1996 305 559-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #