

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012781 (0)

1. Corporation Name
KIDDY CLUB HAIR PLACE, INC.



Principal Place of Business 3905 SW 137 AVE STE - 5 MIAMI FL 33175 US	Mailing Address 11510 NW 4 TERRACE #201 MIAMI FL 33172-4838 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0386456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NOEMI, RAMOS 11510 NW 4 TERRACE #201 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) 3441 S.W. 122 AVE. 83 84 City MIAMI, FL 85 Zip Code 33184
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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 X *Alipio Gonzalez* 305-559-4403
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	T RAMOS, FERNANDO 11510 NW 4 TERRACE MIAMI FL
TITLE	D RAMOS, NOEMI 11510 NW 4 TERRACE MIAMI FL
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MIRIAM GONZALEZ
13 STREET ADDRESS	3541 S.W. 122 AVE MIAMI, FL 33175
14 CITY-ST-ZIP	
21 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ALIPIO GONZALEZ
23 STREET ADDRESS	3541 S.W. 122 AVE. MIAMI, FL 33175
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Miriam Gonzalez* MIRIAM GONZALEZ 4/28/97 305 559-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)