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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P93000007532 (3) DOCUMENT #

CITY FASHION HUMAN HAIR SUPPLIES COMPANY

Principal Place of Business Mailing Address 48200 NW 27 AVE. 3782 W. OAKLAND PARK BL LAUDERDALE FL 33311 MIAMI FL 33055 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0385441 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Ζiρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 □ No 30 Personal Property Tax due June 30. 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JASON, PARK Name 3782 W OAKLAND PARK BLVD Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE FL 33311 83 84 85 Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12, **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD TITLE DELETE 1.1 TITLE Change Addition PARK, JEONG W NAME 1.2 NAME \$782 W OAKLAND PARK BLVD STREET ADDRESS 1.3 STREET ADDRESS LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE ☐ Addition TITLE 2.1 TITLE Change NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change TITLE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME

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 eath; 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

Feb 06 1998 8:00am

Secretary of State