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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 23 1997 8:00am Secretary of State

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DOCUMENT :	#	P93000022877	(3)

N.S. HAIRSTYLING, INC.

Principal Place	e of Business	Mailing Address				I ROOTEDDE HE ADIDA HANN ADISH ABSIL ON IN	00110 HR18 (1241 10		1 1001
1802 EAST HALLANDALE BEACH BLVD. 210 174TH S HALLANDALE FL 33009 STTE 1806 N MIAMI BCH									
		US				3. Date Incorporated or Qualified 03/26/1993	Qualified 3a. Date of Last Report 04/25/1996		
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number		Applie	ed For
21	* * * * * * * * * * * * * * * * * * *	26				65-0403165			pplicable
Suite, Apt 22		Suite Apt. #,	etc.			5. Certificate of Status Desired		.75 Addi ee Requi	
City & State	0	City & State				6. Election Campaign Financing		5.00 ма	
23 Zip	Country	28		ountry		Trust Fund Contribution		dded to F	-
-			·····າ •			6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes No			
24	25 9. Name and Address of Curi	29 rent Registered Agent	[30]			10. Name and Address of New Reg			
CAII				81	Name		,		
SAINATO, NICHOLAS 1802 EAST HALLANDALE BEACH BLVD.					Street Addr	ess (P.O. Box Number is Not Acceptable)			
HALLANDALE FL 33009				83					
				84	City	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip Cod	je
11. Pursuant	to the provisions of Sections 607.0	1502 and 607 1508. Flore	da Statutes, the	above	e-named corn	poration submits this statement for the p	urnose of chance	ning its re	enistered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such chan	ige was authoriz	zed by	the corporate	ion's board of directors. I hereby accep	it the appointme	int as reg	istered
SIGNATURE	<u>.</u>					red when reinstating)		· · · · · · · · · · · · · · · · · · ·	
12.	Signature type the product came of regulated OFFICERS 2	AND DIRECTORS	(NOTE Hogiste		ini signature requir	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRE	CTORS II	N 12
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STREET ADDRESS	210 174TH ST STE 1606		1.2	STREET	ADDRESS				
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4. 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 path; 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 ctypiges, or on an attachment with an address.

SIGNATURE:

THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

MICOLA SAINATO

H-91 (954)458-5039