

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000033620 (4)

1. Corporation Name

INTERNATIONAL HAIR REPLACEMENT CONCEPTS, INC.

Principal Place of Business

% M ADAM BANKIER ESO
4800 N FEDERAL HWY SUITE 105-E
BOCA RATON FL 33431

Mailing Address

% M ADAM BANKIER ESO
4800 N FEDERAL HWY SUITE 105-E
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0411766

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

2. Principal Place of Business

21 215 No. Federal Hwy

Suite, Apt. #, etc.

22 SUITE 5

City & State

23 BOCA RATON, FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 215 No. Federal Hwy

Suite, Apt. #, etc.

27 SUITE 5

City & State

28 BOCA RATON, FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

GABAY, PATRICIA

% M ADAM BANKIER ESO

4800 N FEDERAL HWY SUITE 105-E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 215 No. Federal Hwy

84 SUITE 5

City

BOCA RATON

FL

85 Zip Code

33431

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 title if applicable

NOTE: Registered Agent signature required when changing agent

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GABAY, PATRICIA
STREET ADDRESS % 4800 N FEDERAL HWY SUITE 105-E
CITY - ST - ZIP BOCA RATON FL 33431

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P. V. P. / D
GABAY, PATRICIA
215 No. Federal Hwy # 5
BOCA RATON, FL 33431

D.
OSTAFICHUK, GREGORY
215 N. FEDERAL HWY # 5
BOCA RATON, FL 33431

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9 '95 1407-394-5444