

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 AUG -3 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000063060 (6)**

1. Corporation Name

SCRUNCHIE'S, INC.

Principal Place of Business

Mailing Address

C/O EUROPEAN BEAUTY CARE, INC.
1897 NORTHEAST 148TH STREET
NORTH MIAMI FL 33181

C/O EUROPEAN BEAUTY CARE, INC.
1897 NORTHEAST 148TH STREET
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

ABOVE address incorrect

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 C/O Bomya Yonan

26 C/O Bomya Yonan

4. FEI Number

65-0433380

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 22336 CALIBRE CT. APT 606

27 22336 CALIBRE CT. APT. 606

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

24 33433

25 USA

Zip

Country

29 33433

30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACCHI, ENRICO
C/O EUROPEAN BEAUTY CARE, INC.
1897 NORTHEAST 148TH STREET
NORTH MIAMI FL 33181

81 Name

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

83

84 City

FL

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: YONAN, J B
STREET ADDRESS: 1897 NORTHEAST 148TH STREET
CITY, ST, ZIP: NORTH MIAMI FL 33181

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

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)(b), 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 OFFICER OR DIRECTOR

DATE

Telephone Number

Jan Bomya Yonan

1-10-94

(305) 9478899