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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 09 1998 8:00am

Secretary of State

634 2651

Saudra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074120 (5)

EXQUISITE COIFFURES UNISEX SALON, INC.

### AND 17 AVE MAMI FL 33142 ### AN	District Class	at Durling	Ad all and detailed				
MAMI FL 33142 ### DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address						
2. Principal Place of Business							
10/26/1993 2.6 1.7 1.5 2.6 2.6 3.6				•			DO NOT WRITE IN THIS SPACE
Applied For]						
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Zip Country Zip Country Zip Country Registered Agent Registered Registered Agent Registered Registered Agent Registered Registered Agent Registered Reg	23		28				
9. Name and Address of Current Registered Agent JOHNSON, ERNEST 328 NW 45 STREET MIAMI FL 33142 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, and accept the obligations of, Section 807.0502, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, and accept the obligations of, Section 807.0502, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as 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, or both, in the State of Portion 8 in 12 with a sta		Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
JOHNSON, ERNEST 326 NW 45 STREET MIAMI FL 33142 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits his statement for the purpose of changing its 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, or both, and accept the obligations of, Section 607,0505, Florida Statules. SIGNATURE Signature byset or private name of registered agent and titls it applicable. (POTE Registered Agent Spenture register Agent Spenture registered Agent Spenture registe	24			30			
326 NW 45 STREET MIAMI FL 33142 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 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, types or printed name of registered agent and tigs applicable. PIOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. STREET ADDRESS SIGNATURE 13. STREET ADDRESS 14. Kmt. 14. Kmt51. Zip 1		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
MIAMI FL 33142 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 approach the as registered office or registered agent, and accept the calegations of, Section 607, 3505, Florida Statutes. SIGNATURE TOPPICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE JOHNSON, ERNEST 12 NAME STREET ADDRESS OFFI-57-2P MIAMI FL 33142 14 City ST-2P DELETE 11 TITLE V					81	Name	
State City FL Stat					82	Street Ado	dress (P.O. Box Number is Not Acceptable)
B4 City FL 85 Zip Code) ML	AMI FL 33142					
TILL 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hyper or prised name of registered agent and title if applicable. (NOTE Registered Agent signature required when winstanting) DATE					83		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Prorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					84	City	85 Zip Code
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6.2 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 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP