FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 18 PM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93000079696 (9)

1. Corporation Name
ROSELYN HAIR STYLIST INC.

Principal Place of Business
~~8011 S.W. 120TH AVE.~~
~~MIAMI FL 33175~~

Mailing Address
~~8011 S.W. 120TH AVE.~~
~~MIAMI FL 33175~~

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business
21 8025 SW 107 Ave
Suite, Apt. #, etc.
22 Ste 310
City & State
23 Miami, FL 33173
Zip 24 33173 Country 25

2a. Mailing Address
26 8025 SW 107 Ave.
Suite, Apt. #, etc.
27 Ste 310
City & State
28 Miami, FL 33173
Zip 29 33173 Country 30

4. FEI Number: 65-0449629 — 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

9. Name and Address of Current Registered Agent
VILLADIEGO, TERESA
~~8011 S.W. 120TH AVE.~~
~~MIAMI FL 33175~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8025 SW 107 Ave.
83 Ste. 310
84 City Miami FL 85 Zip Code 33173

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 X
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	VILLADIEGO, TERESA	1.2 NAME	
STREET ADDRESS	~~8011 S.W. 120TH AVE.~~	1.3 STREET ADDRESS	8025 SW 107th. Ave.
CITY-ST-ZIP	~~MIAMI FL 33175~~	1.4 CITY-ST-ZIP	Miami, FL 33173
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGN, ENCLOSE CHECK & MAIL

14. I do hereby certify that [illegible] tarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the inform[illegible] ental 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 offi[illegible] tor 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: X [illegible] 4-12-95 274-6589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0190106 CP