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 MAY -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080840 (0)

1. Corporation Name
SAMRA'S HAIR SAFARI, INC.

Principal Place of Business
15210 WILLOWDALE RD.
TAMPA FL 33625

Mailing Address
15210 WILLOWDALE RD.
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1993
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-3214799 — 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: 4920 NEWKIRK DR
22 Suite, Apt #, etc.: #8
23 City & State: TAMPA, FL.
24 Zip: 33624
25 Country: Hillsborough

2a. Mailing Address
26:
27 Suite, Apt # etc.:
28 City & State:
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent
WADLER, ROBIN
15210 WILLOWDALE RD.
TAMPA FL 33625

10. Name and Address of New Registered Agent
81 Name: WADLER, MARC
82 Street Address (P.O. Box Number is Not Acceptable): 15210 WILLOWDALE RD.
83
84 City: TAMPA FL
85 Zip Code: 33625

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] MARC H. WADLER - PRES 2/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1 TITLE	PRESIDENT (P)	☑ Change ☐ Addition
NAME	WADLER, ROBIN	NAME	WADLER, MARC	
STREET ADDRESS	4920 NEWKIRK DR., #8	STREET ADDRESS	15210 Willowdale Rd	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL. 33625	
TITLE	S	2 TITLE	VICE-PRESIDENT (V)	☑ Change ☐ Addition
NAME	WADLER, ROBIN	NAME	WADLER, MARC	
STREET ADDRESS	4920 NEWKIRK DR., #8	STREET ADDRESS	15210 Willowdale Rd	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL. 33625	
TITLE	VP	3 TITLE	TREASURER (T)	☑ Change ☐ Addition
NAME	LINBACH, LESTER	NAME	WADLER, MARC	
STREET ADDRESS	4310 AUTUMN LEAVES DR.	STREET ADDRESS	15210 Willowdale Rd	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL. 33625	
TITLE	T	4 TITLE	SECRETARY (S)	☑ Change ☐ Addition
NAME	HEATH, ROSE	NAME	WESTZENKORN, JOAN	
STREET ADDRESS	10504 FORE DR.	STREET ADDRESS	1903 JETTON AVE. #3	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA, FL. 33606	
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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(1)(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.

SIGNATURE: [signature] MARC H. WADLER - PRES 2/28/95 813-962-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303596 CP