

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000010945 (1)

1. Corporation Name

HAIR & ACCESSORIES, INC.

FILED
Mar 05, 1996 08:00 AM
Secretary of State



Principal Place of Business

2100 N POWERLINE RD.
BAY # 4
POMPANO BCH FL 33069
US

Mailing Address

2100 N POWERLINE RD.
BAY 4
POMPANO BCH FL 33069
US

2. Principal Place of Business

2a. Mailing Address

21 2100 N. POWERLINE RD

26 2100 N POWERLINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BAY # 9

27 BAY # 9

City & State

City & State

23 POMPANO BEACH, FL

28 POMPANO BEACH, FL

Zip

Country

Zip

Country

24 33069

25 USA

29 33069

30 USA

9. Name and Address of Current Registered Agent

HAMMAD, IYAD
808 TIVOLI CIRCLE, #104
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0463526

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

10. Name and Address of New Registered Agent

81 Name

HAMMAD, IYAD

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

5851 HOLMBERG RD #4223

83

84 City

PARKLAND

FL

85 Zip Code
33067

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]

NOTE: Registered Agent's signature required when appointing

2/10/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME HAMMAD, IYAD
STREET ADDRESS 808 TIVOLI CIRCLE, #104
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 D
1.2 NAME HAMMAD, IYAD
1.3 STREET ADDRESS 5851 HOLMBERG RD #4223
1.4 CITY-ST-ZIP PARKLAND, FL 33067

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96

954-968-1777

CR2E034 (12/95)