

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 JUL 23 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000024578 (4)

1. Corporation Name

ELEGANT HAIR & NAILS, INC.

Principal Place of Business

2857 N.W. 79TH STREET  
MIAMI FL 33147

Mailing Address

2857 N.W. 79TH STREET  
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0488986

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1273 NW 119th St

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33168

Country

25 USA

2a. Mailing Address

26 1273 NW 119th St

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33168

Country

30 USA

9. Name and Address of Current Registered Agent

THOMPSON, CORNEILUS  
2881 NW 210TH TERR.  
CAROL CITY FL 33056

10. Name and Address of New Registered Agent

81 Name

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

200002251632--0

-07/23/97--01131--007

84 City

\*\*\*\*165.00 \*\*\*\*165.00

FL

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

TITLE NAME ☐ DELETE

P/D  
THOMPSON, KIM Y  
2857 N.W. 79TH STREET  
MIAMI FL 33147

TITLE NAME ☐ DELETE

S/T  
GRANT, DARRYL K.  
1350 NW 116TH STREET  
MIAMI FL 33167

TITLE NAME ☐ DELETE

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P/D  
Kim Y. Thompson  
1273 NW 119th St  
N. Miami, FL 33168

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

~~TRACIE D. Grant~~

4.1 TITLE ☐ Change ☒ Addition

V  
TRACIE D. Grant  
20910 NW 31ST AV  
Miami, FL 33056

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

CR2E034 (4/97)