FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000036158 (1)

1. Corporate Name
MR. JOHN HAIRCUTTERS, INC.

APPROVED AND FILED
95 APR 26 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
9400 S DADELAND BLVD
SUITE 104
MIAMI FL 33156

Mailing Address
9400 S DADELAND BLVD
SUITE 104
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 11461 SW 40ST
Suite Apt # or Bldg
22
City & State
23 MIAMI FL
24 33165 25 USA

2a. Mailing Address
26 11461 SW 40ST
Suite Apt # or Bldg
27
City & State
28 MIAMI FL
29 33165 30 USA

4. FEI Number: 59-1784967 — 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. Is this corporation a small business as defined by section 288.703, Florida Statutes? ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
APOTHEKER, S. MELVIN
9400 S DADELAND BLVD
SUITE 104
MIAMI FL 33156

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to Section 607.0505 of the Florida Statutes, the above named registered agent, by signature below, has consented to be appointed as registered agent for the above corporation. Upon such appointment, the corporation's board of directors hereby accepts the appointment of registered agent and agrees to comply with the laws of the State of Florida.

Signature of New Registered Agent

12. Officers and Directors
D
APOTHEKER, S. MELVIN
9400 S DADELAND BLVD SUITE 104
MIAMI FL 33156

13. Additions/Changes to Officers and Directors
Title
Name
Address
City
HAROLD YSIDRON X VP
10020 SW 41ST
MIAMI FL 33165
☐ Change ☐ Add

14. I hereby certify that the information supplied with this report is substantially identical to that required to be included in the annual report to be filed with the Secretary of State pursuant to Section 607.0505, Florida Statutes. I further certify that I am familiar with the contents of this report and that the signature(s) appearing below are those of the officers and directors of the corporation or persons authorized by them to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: 4-26-95 226 6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAROLD YSIDRON JR

0160106 CP