FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P94000045181

1. Corporation Name
HAIRRAGEOUS INC.

Principal Place of Business
10047 Sunset Dr.
Miami Fl 33173

Mailing Address
10047 Sunset DR.
Miami Fl. 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9650 Sunset Drive
Suite, Apt #, etc
22
City & State
23 Miami, Fl.
Zip
24 33173
Country
25 USA

2a. Mailing Address
26 P.O. Box 832132
Suite, Apt #, etc
27
City & State
28 Miami, Fl.
Zip
29 33283
Country
30 USA

3. Date Incorporated or Qualified: 6-16-1994

4. FEI Number: 65-0498910 ☐ 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

9. Name and Address of Current Registered Agent
Traci L. Palma
10043 Sunset DR.
Miami, Fl. 33173

10. Name and Address of New Registered Agent
81 Name: Traci L. Palma
82 Street Address (P.O. Box Number is Not Acceptable): 8520 SW. 133 Ave.
83
84 City: Miami FL 85 Zip Code 33183

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 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] Traci L. Palma — DATE 4/22/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE	P/V/T/S/D/C/m	☒ Change ☐ Addition
NAME	Traci L. Palma		1.2 NAME	Traci L. Palma	
STREET ADDRESS	10047 Sunset DR.		1.3 STREET ADDRESS	8520 SW 133 Ave	
CITY-ST-ZIP	Miami Fl 33173		1.4 CITY-ST-ZIP	Miami, Fl. 33183	
TITLE	V/D/S	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	Leslie Ruland		2.2 NAME	Leslie Ruland	
STREET ADDRESS	10047 Sunset DR.		2.3 STREET ADDRESS	~~Miami~~ 10047 SW 133 Ave (Delete)	
CITY-ST-ZIP	Miami Fl. 33173		2.4 CITY-ST-ZIP	Miami Fl. 33173	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	700002541667	
STREET ADDRESS			6.3 STREET ADDRESS	-06/01/98--01016--032	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

14. I 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.

SIGNATURE: [signature] Traci L. Palma 4/22/98 (305) 596-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #