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 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053999 (6)

1. Corporate Name
SCISSORHAND'S SALON, INC.

Principal Place of Business	Mailing Address
118 SOUTH MAGNOLIA AVENUE OCALA FL 34471	118 SOUTH MAGNOLIA AVENUE OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1994
3a. Date of Last Report: CVA

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24
County — 25
ZIP — 29
County — 30

4. FEI Number: 59-325290 — 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

9. Name and Address of Current Registered Agent

CLIFFORD, LINDA K
118 SOUTH MAGNOLIA AVENUE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 (A. If changing Registered Agent, Registered Agent must sign. B. If changing Registered Agent's address, Registered Agent must sign.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	CLIFFORD, LINDA K	52 NAME	
53 STREET ADDRESS	4325 S. E. 24TH TERRACE	53 STREET ADDRESS	
54 CITY ST ZIP	OCALA FL 34471	54 CITY ST ZIP	
55 TITLE		55 TITLE	☐ Change ☐ Addition
56 NAME		56 NAME	
57 STREET ADDRESS		57 STREET ADDRESS	
58 CITY ST ZIP		58 CITY ST ZIP	
59 TITLE		59 TITLE	☐ Change ☐ Addition
60 NAME		60 NAME	
61 STREET ADDRESS		61 STREET ADDRESS	
62 CITY ST ZIP		62 CITY ST ZIP	
63 TITLE		63 TITLE	☐ Change ☐ Addition
64 NAME		64 NAME	
65 STREET ADDRESS		65 STREET ADDRESS	
66 CITY ST ZIP		66 CITY ST ZIP	
67 TITLE		67 TITLE	☐ Change ☐ Addition
68 NAME		68 NAME	
69 STREET ADDRESS		69 STREET ADDRESS	
70 CITY ST ZIP		70 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)(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 above, or on an attachment with an address.

SIGNATURE: Linda K Clifford — 4-29-95 — 904 347-2811
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0381300 CR

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1995

DOCUMENT # P94000054041 (6)

1. OMEGA IMPEX CORPORATION

Principal Place of Business	Mailing Address
2 DATRAN CENTER 9130 S. DADELAND BLVD., SUITE 1107 MIAMI FL 33156-7848	2 DATRAN CENTER 9130 S. DADELAND BLVD., SUITE 1107 MIAMI FL 33156-7848

3. Date Incorporated: 07/19/1994

4. FEI Number: 65-050 8055 — 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 / [X] No

2. Principal Place of Business	2a. Mailing Address
21 9355 Fountainbleau Blvd	26 7891 W. FLAGLER STREET
22 Suite, Apt #, etc.: C-216	27 Suite, Apt #, etc.: BOX 211
23 City & State: Miami, Florida	28 City & State: MIAMI, FLORIDA
24 Zip: 33172 25 Country: USA	29 Zip: FL 33144 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMOROS, ALBERTO 2 DATRAN CENTER 9130 S. DADELAND BLVD., ~~SUITE 1107~~ MIAMI FL 33156-7848	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE: JORGE CACERES PRESIDENT — 04/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	DP — [X] Change / Addition
NAME	CACERES, JORGE	NAME	CACERES JORGE
STREET ADDRESS	2 DATRAN CENTER, 9130 S DADELAND BLV #1107	STREET ADDRESS	9355 FOUNTAINBLEAU BLV - C-216
CITY-ST-ZIP	MIAMI FL 33156-7848	CITY-ST-ZIP	MIAMI, FLORIDA 33172
TITLE		TITLE	V — Change / Addition
NAME		NAME	CACERES CARMEN
STREET ADDRESS		STREET ADDRESS	9355 FOUNTAINBLEAU BLVD - C216
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FLORIDA 33172
TITLE		TITLE	S — Change / Addition
NAME		NAME	ALBERTO AMOROS
STREET ADDRESS		STREET ADDRESS	9130 S. DADELAND BLVD - 1107
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FLA 33156
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: JORGE CACERES — 04/27/95 — 305-220-9686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0108751 CP

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CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000054454 (1)

1. Entity Name

POLYEXPORT, INC.

Principal Place of Business	Mailing Address
210 174TH ST SUITE 2316 N MIAMI BEACH FL 33160	210 174TH ST SUITE 2316 N MIAMI BEACH FL 33160

3. Date Incorporated/Qualified: 07/22/1994

3a. Date of Last Report:

21	2. Principal Place of Business: 210-174 St.	26	2a. Mailing Address: 210-174St.
22	Suite, Apt. # or etc.: 2316	27	Suite, Apt. # or etc.: 2316
23	City & State: N.M.Beach,Fl.	28	City & State: N.M.Beach Fl.
24	Zip: 33160	25	Country: USA
29	Zip: 33160	30	Country: USA

4. FEI Number: 65-0506543 — [ ] 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 the corporation filing for profit or not for profit under Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

GONZALEZ, JESUS F.A.
210 174TH ST
SUITE 2316
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1007, 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 (if listed) and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICER AND DIRECTORS IN '95
Title: President Name: Jesus F.A.Gonzalez Address: 210-174St.Apt.2316 City-St-Zip: N.M.Beach,Fl.33160	[ ] Delete [ ] Add/Mod
Title: Milvanda F.Gonzalez Name: Vice-President Address: 210-174St.Apt.2316 City-St-Zip: N.M.Beach,Fl.33160	[ ] Delete [ ] Add/Mod
Title: Name: Address: City-St-Zip:	[ ] Delete [ ] Add/Mod
Title: Name: Address: City-St-Zip:	[ ] Delete [ ] Add/Mod
Title: Name: Address: City-St-Zip:	[ ] Delete [ ] Add/Mod
Title: Name: Address: City-St-Zip:	[ ] Delete [ ] Add/Mod

14. I hereby certify that the information supplied with this report is true and accurate and that, unless otherwise noted above, each officer and director has consented to serve in the capacity indicated. I am aware that false information submitted in a report is punishable as a misdemeanor of the first degree, pursuant to section 817.155, Florida Statutes. I understand that the annual report must be delivered to the Department of State by May 1 of the year following the calendar year of this report. I also understand that any changes made on this report may affect my corporate status and that I may be liable for fees and penalties.

SIGNATURE: Gonzalez (Jesus F.A.Gonzalez) April 27/95

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

0173313 CP