

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

FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000059264 (9)

1. Corporation Name

HAIR SUPPLY INC.

Principal Place of Business

6712 S.W. 40TH STREET
MIAMI FL 33155

Mailing Address

6712 S.W. 40TH STREET
MIAMI FL 33155-3708



3. Date Incorporated or Qualified
08/11/1994

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0511010

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

FLORES, ANTONIO
6712 S.W. 40TH STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name Garcia, Alfredo A
82 Street Address (P.O. Box Number is Not Acceptable)
6712 SW 40 St.
83
84 City Miami FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0802 and 607.0503, 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 reinstating)

DATE

3-19-97

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input checked="" type="checkbox"/> DELETE
12.2 NAME	FLORES, ANTONIO	
12.3 STREET ADDRESS	6712 S.W. 40TH STREET	
12.4 CITY-ST-ZIP	MIAMI FG L3315-5	
12.5 TITLE	VD	<input checked="" type="checkbox"/> DELETE
12.6 NAME	GARCIA, ALFREDO A	
12.7 STREET ADDRESS	6712 S.W. 40TH STREET	
12.8 CITY-ST-ZIP	MIAMI FG L3315-5	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-ST-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-ST-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	GARCIA, Alfredo	
13.3 STREET ADDRESS	6712 SW 40 St	
13.4 CITY-ST-ZIP	Miami FL 33155	
13.5 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	Garcia GENOVEVA	
13.7 STREET ADDRESS	6712 SW 40 St	
13.8 CITY-ST-ZIP	Miami FL 33155	
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 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 person 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: X

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

3-19-97

Date

Daytime Phone #

0209754

CR2E034 (9/96)