# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

| PROFIT CORPORATION ANNUAL REPORT **1996** | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS | **FILED**<br>May 01 1996  8:00 am<br>Secretary of State |
|---|---|---|

**DOCUMENT #  P94000061973 (1)**

1. Corporation Name

**HAIR FANTASIES INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 295 PARK BLVD<br>MIAMI FL 33126<br>US | 1150 NW 72ND AVE<br>STE 307<br>MIAMI FL 33126<br>US |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 08/23/1994 | 05/01/1995 |

| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 4. FEI Number<br>65-0514434 | Applied For<br>Not Applicable |
|---|---|---|---|

| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
|---|---|---|---|

| City & State<br>23 | City & State<br>28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
|---|---|---|---|

| Zip<br>24 | Country<br>25 | Zip<br>29 | Country<br>30 | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No |
|---|---|---|---|---|

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MARANGES, RUBEN<br>8080 WEST FLAGLER ST.<br>MIAMI FL 33144 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>1150 N.W. 72nd Ave. Suite 307<br>83<br>84 City Miami,   FL  85 Zip Code 33126 |

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 | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | ☒ Change  ☐ Addition |
| NAME | RUBEN, MARANGES | | 1.2 NAME | |
| STREET ADDRESS | 8080 W. FLAGLER ST. #2B | | 1.3 STREET ADDRESS | 1150 N.W.  72nd Ave.  Suite 307 |
| CITY-ST-ZIP | MIAMI FL 33144 | | 1.4 CITY-ST-ZIP | Miami, Fl.  33126 |
| TITLE | | ☐ DELETE | 2.1 TITLE | ☐ Change  ☐ Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | |
| 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 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(k), 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: _____  Ruben Maranges     2/16/96     994-7533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #