

FILE NOW: FILING FEE AFTER MAY 1ST IS \$100.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000071585 (1)
1. Corporation Name
LUIS HAIR DESIGN, INC.



Principal Place of Business: 7287 W FLAGLER ST MIAMI FL 33126
Mailing Address: 7287 W FLAGLER ST MIAMI FL 33144 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: 09/29/1994
4. FEI Number: 65-0523439
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
1 BELTRAN, LUIS E
905 SE 12TH ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent
81 Name: ANA V. VALDEZ
82 Street Address (P.O. Box Number is Not Accepted): 7287 W. FLAGLER ST
83
84 City: MIAMI, FL 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]* DATE: 1/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: DP NAME: BELTRAN, LUIS E STREET ADDRESS: 905 SE 12TH ST CITY-ST-ZIP: HIALEAH FL 33010	<input checked="" type="checkbox"/> DELETE
TITLE: DV NAME: LOPEZ, MIGDALIA STREET ADDRESS: 1130 SE 9TH CT CITY-ST-ZIP: HIALEAH FL 33010	<input checked="" type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DP 1.2 NAME: ANA V. VALDEZ 1.3 STREET ADDRESS: 7287 W. FLAGLER ST. 1.4 CITY-ST-ZIP: MIAMI, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: VP 2.2 NAME: JOSEAN BLANCO 2.3 STREET ADDRESS: 8270 SW 2 ST 2.4 CITY-ST-ZIP: MIAMI, FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/97)