FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000030469 (7)**

1. Corporation Name

ELEGANCE HAIR & NAIL DESIGNERS, INC.

Principal Place of Business	Mailing Address
9917 SUNSET DRIVE S.W. 72 ST. MIAMI FL 33173	9917 SUNSET DRIVE S.W. 72 ST. MIAMI FL 33173

3. Date Incorporated or Qualified: **04/19/1995** | 3a. Date of Last Report:

4. FEI Number: 65-0573695 | 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

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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ELSIE CRAIG
82 Street Address (P.O. Box Number is Not Acceptable): 15262 SW 157 Ter
83 MIAMI, FL.
84 City: MIAMI **FL** 85 Zip Code: 33187

11. Pursuant to the provisions of Section 607.0502 and/or 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. The corporation's board of directors has authorized this. The corporation hereby appoints the above registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elsie Craig — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	W. P.	☐ Change ☒ Addition
NAME	CRAIG, ELSIE		12 NAME	JENNIFER ORIOL	
STREET ADDRESS	9917 SUNSET DRIVE S.W. 72 ST.		13 STREET ADDRESS	9917 SW 72 ST	
CITY-ST-ZIP	MIAMI FL 33173		14 CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	JENNIFER ORIOL	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS	15262 SW 157 Ter.		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33187		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is valuable 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 if changed, or on an attachment with an address.

SIGNATURE: Elsie Craig — ELSIE CRAIG — 4/20/96 — 2716606

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