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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030469

1. Corporation Name

ELEGANCE HAIR & NAIL DESIGNERS, INC.



Principal Place of Business 10515 SW 9917 SUNSET DRIVE S.W. 72 ST. MIAMI FL 33173 33176
Mailing Address 10515 SW 9917 SUNSET DRIVE S.W. 72 ST. MIAMI FL 33173 33176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		04/19/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0573695	
City & State		City & State		5. Certificate of Status Desired	
23		28		X	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax.	
24		29		8.75 Additional Fee Required	
Country		Country		5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Applied For	
CRAIG, ELSIE		81 Name		Not Applicable	
15262 SW 157 TERR.		82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33187		83			
		84 City			
		FL		85 Zip Code	

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	1.1 TITLE	ELSIE CRAIG
NAME	CRAIG, ELSIE	1.2 NAME	
STREET ADDRESS	9917 SUNSET DRIVE S.W. 72 ST.	1.3 STREET ADDRESS	15262 SW 157 TERR
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	MIAMI, FL 33187
TITLE	VP	2.1 TITLE	JENNIFER ORIOL-LAMOTHE
NAME	ORIOL, JENNIFER	2.2 NAME	
STREET ADDRESS	9917 SW 72 ST.	2.3 STREET ADDRESS	650 N.E. 64 ST Bldg G PENT 4
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	V.P.	3.1 TITLE	EVELYNE LEGER
NAME	EVELYNE LEGER	3.2 NAME	
STREET ADDRESS	10826 SW 88 ST. #T-4	3.3 STREET ADDRESS	10826 SW 88 ST #T-4
CITY-ST-ZIP	MIAMI, FL 33176	3.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)