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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030846

1. Corporation Name COLETTE HAIR DESIGN BEAUTY SALON, INC.								
Principal Place of Business	Mailing Address							
8250 N.W. 103RD STREET HIALEAH GARDENS FL 33016	8250 N.W. 103RD STREET HIALEAH GARDENS FL 33016							
2. Principal Place of Business	Za. Mailing Address							
21	26							
Suite, Apt. #, etc.	Suite, Apt. #, etc.							
City & State	City & State							

FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90007 028 ***150.00



Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE
3. Date incorporated or Qualifed

• 04/19/1995 4. FEI Number

65-0587455

5. Certifcate of Status Desired

6. Election Campaign Financing

Zip Country Zip Country Zip Country S. This corporation over the current year intangible Zip	23	÷	28			Trust Fund Contribution Added to Fees					
S. Name and Address of Current Registered Agent TAVAREZ, THELMA 8250 N.W. 103RD STREET HIALEAH GARDENS FL 33018 82 Street Address (P.O. Box Number is Not Acceptable) 83	Zip	Country	Zip Country			8. This corporation ow	es the current year 1	ntangibl e			
TAVAREZ, THELMA 8250 N.W. 103RD STREET HIALEAH GARDENS FL 33016 82 Street Address (P.O. Box Number is Not Acceptable) 83 A City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above and corporation submits this statement for the purpose of changing its registered agent, are 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, are 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, are 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, are both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent and the registered agent, are both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. Are both appointment agent and the registered agent, are both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. Are both appointment agent and the registered agent. Are both appointment agent age	24	25	29 30	0		Personal Property T	Tax.	☐ Yes	□No		
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HIALEAH GARDENS FL 33016 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD OBLETE 11 TITLE PD OBLETE 11 TITLE OCHANGE 174VAREZ, THELMA 12 NAME 174VAREZ, JOSE 33 STREET ADDRESS 67678 SHALIMAR ST. LA CITY-ST-ZP ITTLE SVTD NAME 174VAREZ, JOSE 7678 SHALIMAR ST. LA CITY-ST-ZP 175 LA CITY-ST-ZP 176 LA CITY-ST-ZP 177 LA CITY-ST-ZP 177 LA CITY-ST-ZP 177 LA CITY-ST-ZP 178 LA CITY-ST-ZP 179 LA CITY-ST-ZP 179 LA CITY-ST-ZP 179 LA CITY-ST-ZP 170 LA CITY-ST-ZP 170 LA CITY-ST-ZP 179 LA CITY-ST-ZP 170 LA CITY-S	IAVAREZ, ITELMA		82	Street Addres	ss (P.O. Box Number is N	lot Acceptable)		· '6, (5)			
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		pertify that the information supplied with t	his filing does not qualify for th			ction 119.07(3)(i), Florida	Statutes. I further co	ertify that the in	formation		

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:

1-11-99

Daytime Phone #

2E034 (11/98)