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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000043599 (6)

KARI HAIR DESIGN, INC.

FILED May 07 1997 8:00am Secretary of State



8461 NW 189	C O LAGORIGO	Mailing Address				- 1 IMOHOD) GIR JOINÍ MINT BOH #4611 (MDI		************	
Principat Place of Business 8461 NW 189 ST. RD. MIAMI FL 33015		8481 NW 189 ST. RO. MIAMI FL 33015-5372							
	•		-·· -			Date Incorporated or Qualified 06/07/1995		e of Last f 8/1996	Report
	lace of Business	2e. Mailing Addre	ess			4. FEI Number		I A	pplied For
21		26				65-0592064		N	lot Applicable
Suite Apt.	# etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27				Certificate of Status Desired	<u> </u>	Fee R	lequired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	·	ountry		8. This corporation has liability for			s. 199.032,
24	25	29	30				Yes [•	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
	NZALEZ, MIGUEL			81	Name				
	1 NW 189 ST. RD. MI FL 33015			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
				83					
				84	City		FL	85 Zip	Code
د د ساده چیستولوم ا				ļl.		poration submits this statement for the		<u> </u>	
SIGNATURE	Stgralary, typed or protect camp of registered	agent and title Lappicable AND DIRECTORS	(NOTE Registe	<u>_</u>	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	R\$ IN 12
	v	MINO DINECTORS							
7 (4)	D	DE	LETE 11			ADDITIONS/CHANGES TO OFFIC			
T.ILI	D GONZALEZ OSMAR	DE		1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	
NAME	GONZALEZ, OSMAR	DE	12	1 TITLE 2 NAME	proces	ADDITIONS/CHANGES TO OFFIC			
NAME STREET ADORESS	GONZALEZ, OSMAR 8461 NW 189 ST. RD.	□ DE	12 13	1 TITLE 2 NAME 3 STREET A		ADDITIONS/CHANGES TO OFFIC			
NAME STREET ADORESS CHY-ST-7/P	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015		12 13 1.4	1 TITLE 2 NAME 3 STREET A 4 CITY-ST		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME STREET ADORESS CREY-ST-7/P THLE	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D	□ DE	12 13 1.4 LETE 21	1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE		ADDITIONS/CHANGES TO OFFIC			Addition
NAME STREET ADORESS CREY-ST-ZIP THEE NAME	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D GONZALEZ, MKGUEL		12 13 1.4 LETE 21 22	1 THTLE 2 NAME 3 STREET A 4 CHY-ST 1 THTLE 2 NAME	-ZIP	ADDITIONS/CHANGES TO OFFIC		Change	Addition
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NAME STREET ADDRESS CATY - ST-76P THLE NAME STREET LADDRESS CATY - ST-76P	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D GONZALEZ, MKGUEL	□ DE	12 13 14 LETE 21 22 23	1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-SI	-ZIP ADDAESS	ADDITIONS/CHANGES TO OFFIC		Change Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D GONZALEZ, MIGUEL 8461 NW 189 ST. RD.		12 13 14 LETE 21 22 23 27 LETE 31	1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE	-ZIP ADDAESS	ADDITIONS/CHANGES TO OFFIC		Change	Addition
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NAME STREET ADDRESS COTY-ST-ZOP THE NAME STREET ADDRESS COTY-ST-ZOP THE NAME STREET ADDRESS	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D GONZALEZ, MIGUEL 8461 NW 189 ST. RD.	□ DE	12 13 14 LETE 21 22 23 2. LETE 31 32	1 TITLE 2 NAME 3 STREET A 4 CITY- ST 1 TITLE 2 NAME 3 STREET A 4 CITY- S1 1 TITLE 2 NAME 1 TITLE 2 NAME 3 STREET A	- ZIP ADDRESS T- ZIP ADDRESS	ADDITIONS/CHANGES TO OFFIC		Change Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ATORESS CITY-ST-ZIP THEE NAME	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D GONZALEZ, MIGUEL 8461 NW 189 ST. RD.	DE	12 13 14 LETE 21 22 23 24 LETE 31 32 33 34 LETE 41	1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 4 CITY-ST 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME	- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	ADDITIONS/CHANGES TO OFFIC		Change Change	Addition Addition
NAME STREET ADDRESS COTY-ST-ZIP THE NAME STREET ADDRESS COTY-ST-ZIP THE NAME STREET ATORESS COTY-ST-ZIP THE NAME STREET ATORESS COTY-ST-ZIP THEE NAME STREET ADDRESS	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D GONZALEZ, MIGUEL 8461 NW 189 ST. RD.	DE	12 13 14 LETE 21 22 23 24 LETE 31 32 33 34 LETE 41	1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-SI 1 TITLE 2 NAME 3 STREET A 4 CITY-SI 1 TITLE 2 NAME 4 CITY-SI 1 TITLE 2 NAME 3 STREET A 4 CITY-SI 1 TITLE 2 NAME 3 STREET A 3 STREET A	-ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS	ADDITIONS/CHANGES TO OFFIC		Change Change	Addition Addition
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NAME STREET ADDRESS COTY-ST-ZIP FILE NAME STREET ADDRESS COTY-ST-ZIP TILE NAME STREET ADDRESS COTY-ST-ZIP TILE NAME STREET ADDRESS COTY-ST-ZIP TILE TAME STREET ADDRESS COTY-ST-ZIP TILE	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D GONZALEZ, MIGUEL 8461 NW 189 ST. RD.	DE	12 13 14 LETE 21 22 23 2. LETE 31 32 33 34 LETE 41 43 43 LETE 51	1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 THLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4. CITY-ST 1 TITLE 2 NAME 4. CITY-ST 1 TITLE 2 NAME 3 STREET A 4. CITY-ST 1 TITLE 4 CITY-ST 1 TITLE 5 NAME 6 STREET A 6 CITY-ST 6 TITLE	-ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS	ADDITIONS/CHANGES TO OFFIC		Change Change	Addition Addition
NAME STREET ADDRESS COTY-ST-ZP THE NAME	GONZALEZ, OSMAR 8461 NW 189 ST. RD. MIAMI FL 33015 D GONZALEZ, MIGUEL 8461 NW 189 ST. RD.	DE	12 13 14 LETE 21 22 23 2. LETE 31 32 33 34 LETE 41 43 44 LETE 51 52	1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 THLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 4 CITY-ST 1 TITLE 2 NAME 5 NAME 6 NAME	-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFIC		Change Change Change	Addition Addition
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• I do he refry certify that the information supplied with this tiling 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:

MANUAL LINE OF SIGNING OFFICER OR DIRECTOR

4/27/17 (305)531-3595