

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 # P95000044215 (8)

1. Corporation Name

HAIR MYSTIQUE, INC.



Principal Place of Business

Mailing Address

~~070-KT083 REGISTERED AGENT CORPORATION~~
~~100 S.E. 2ND STREET, 28TH FLOOR~~
~~MIAMI FL 33131~~

~~070-KT083 REGISTERED AGENT CORPORATION~~
~~100 S.E. 2ND STREET, 28TH FLOOR~~
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified

3a. Date of Last Report

06/07/1995

2. Principal Place of Business

2a. Mailing Address

21 9840 NE 2ND AVE
Suite, Apt. #, etc.

26 9840 NE 2ND AVE
Suite, Apt. #, etc.

4. Filing Number

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

22 City & State

27 City & State

23 Miami Shores, FL

28 Miami Shores, FL

24 33138 25 US

29 33138 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET
28TH FLOOR
MIAMI FL 33131

81 Name

ANGELO P. THROWER

82 Street Address (P.O. Box Number is Not Acceptable)

9840 N.E. 2ND AVENUE

83

84 City

Miami Shores

FL

85 Zip Code

33138

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and that of applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME Angelo P. Thrower, MD
STREET ADDRESS 9840 NE 2nd Ave.
CITY-ST-ZIP Miami, FL 33138

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 (305) 7579797

DATE Daytime Phone #

CR2E034 (12/95)