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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000051251 (3)

1. Corporation Name

~~HAIRBOITECH, INC.~~

HAIR BIO TECH, INC.

Principal Place of Business

Mailing Address

~~299 ALHAMBRA CIRCLE~~
~~SUITE 401~~
~~CORAL GABLES FL 33134~~

~~299 ALHAMBRA CIRCLE~~
~~SUITE 401~~
~~CORAL GABLES FL 33134~~



3. Date Incorporated or Qualified 06/30/1995
3a. Date of Last Report 04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 8950 N. KENDALL DR.

26 SAMP

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 309 West tower

27

City & State

City & State

23 MIAMI FL

28

Zip 33176-2197

Country USA

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAGHISTANI, DOURED
~~299 ALHAMBRA CIRCLE~~
~~SUITE 401~~
CORAL GABLES FL 33134

81 Name

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

8950 N. Kendall Drive #309

83

84 City

West tower
MIAMI FL

85 Zip Code 33176-2197

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 DP ☐ DELETE

NAME DAGHISTANI, DOURED
STREET ADDRESS 12211 SW 103 TERRACE
CITY- ST- ZIP MIAMI FL 33188

1.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME BULAS, LUIS
STREET ADDRESS 299 ALHAMBRA CIRCLE #401
CITY- ST- ZIP CORAL GABLES FL 33134

2.1 TITLE ☒ Change ☐ Addition

TITLE MD ☐ DELETE

NAME YUNIS, ADEL
STREET ADDRESS 1800 SW 5TH AVENUE
CITY- ST- ZIP BOCA RATON FL 33432

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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***165.00

5/1/97 365 274.1662

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