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 # P95000055334 (3)

1. Corporation Name

CAPELLI STUDIO & HAIR SYSTEM, CORP.

Principal Place of Business	Mailing Address
1801 SW 22 ST #208 MIAMI FL 33145	1801 SW 22 ST #208 MIAMI FL 33145

3. Date Incorporated or Qualified: 07/14/1995
3a. Date of Last Report:

4. FEI Number: 65-0594689 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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

9. **Name and Address of Current Registered Agent**

LUGRIS, MARIA
11320 SW 47 ST
MIAMI FL 33165

10. **Name and Address of New Registered Agent**

81 Name: Carmen Cannizzo
82 Street Address (P.O. Box Number is Not Acceptable): 1801 SW 22 ST #208
83
84 City: Miami FL
85 Zip Code: 33145

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] 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	D/T ☐ DELETE	1.1 TITLE	D/T ☒ Change ☐ Addition
NAME	LUGRIS, MARIA	1.2 NAME	Lugris Maria
STREET ADDRESS	11320 SW 47 ST	1.3 STREET ADDRESS	11320 SW 47 ST
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	Miami FL 33165
TITLE	☐ DELETE	2.1 TITLE	P/S ☐ Change ☒ Addition
NAME		2.2 NAME	Cannizzo Carmen
STREET ADDRESS		2.3 STREET ADDRESS	1801 SW 22 ST #208
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami FL 33145
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with 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 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: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/30/96 858-8402 Daytime Phone #

CR2E034 (12/95)