## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

199A

## **FILED** May 26 1998 8:00am Secretary of State

	1000			···	<b></b> ∤		
DOCUMENT # P95000066150 (0) 1. Corporation Name							
TOTAL	L HAIR DESIGNS,	INC.					
Principal Place of Business Mailing Address					-		
3454 SOUTHWEST 8th STREET							
MIAMI, FLORIDA 33135							
	, 120,120, 0010,				3. Date Incorporated or Qualified	3a. Date of Last F	Report
					09/25/95	04/30/97	
Principal Place of Business     2a. Mailing Address					4. FEI Number	<del></del>	Applied For
26				65-0601028	<del> </del>	Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Additional
22				Fee Required  6. Election Campaign Financing \$5.00 May Bo			
23	Only a State 28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country Zip		Count	ry	8. This corporation has liability for		
24	<u> </u>		30		Florida Statutes 🕱 Yes 🗌 No		,
	9. Name and Address of Current	nt Registered Agent			10. Name and Address of New I	Registered Agent	
			8	1 Name			
ENILDO ROCA JR.				2 Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
3454 SOUTHWEST 8th STREET				3			
MIAMI, FLORIDA 33135				3			
)			8	4 City		FL 85 Z	ip Code
11. Pursuant t	to the provisions of Sections 607.050:	2 and 607.1508. Florida Statu	tes, the above	-named corpo	pration submits this statement for the pu	·	registered office
or register	ed agent, or both, in the State of Flore th, and accept the obligations of, Sec	ida. Such change was authori	zed by the cor	poration's boa	ard of directors. I hereby accept the app	xintment as registeres	d agent. I am
SIGNATURE _	in, and booopt the benganons of, bee	ton contocoo, monda ciatato					}
	Signature, typed or printed name of registered agent and title if applicable (NOTE			nuper arutangia Ine	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	<del></del>	ADDITIONS/CHANGES TO OF		
TITLE	P □ DELETE		1. 1 11/1			☐ Change	☐ Addition
NAME STREET ADDRESS	ROCA, ENILDO JR.		1.2 NAM	ET ADDRESS			
CITY-ST-ZIP	19474 DW OCH SIVEDI		1.3 SINE 1.4 CITY				
TITLE	MIAMI, FLORIDA 33135		2. 1 TITL			☐ Change	Addition
NAME	D		2.2 NAM	E		<del></del>	
STREET ADDRESS	ET ADDRESS ROCA, DAISY		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CUTY-ST-ZIP 3454 SW 8th STREET			-ST - ZIP			
TITLE	MIAMI, FLORIDA 33135 DELETE		3. 1 F(TL)	E		Change	Addition
NAME			32 NAM	- 1			. ]
STREET ADDRESS	l		1	ET ADDRESS			
CITY-ST-ZIP		DELETE	3.4 CITY 4. 1 TITU			Change	Addition
NAME			4.2 NAM				
STREET ADDRESS	Ì			ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	1			
TITLE		☐ DELETE	5. 1 TITL			Change	Addition
NAME			5.2 NAM	:			よら
STREET ADDRESS				ET ADDRESS			5:21
CITY-ST-ZIP				- S1 - ZIP	<u></u>		<u> </u>
TITLE	☐ DELETE		6. 1 TITL	1	ganaases	Change	L Adoltion
NAME OTOGET ADDRESS			6.2 NAM	II.	<b>8000025</b> 3 -05/27/98010	146N31	
STREET ADDRESS				ET ADDRESS	***150.00	240 OUE	ĺ
CITY-ST-ZIP	t certify that the information supplied	with this filing is voluntarily fur	6.4 CITY		for the exemption stated in Section 119	07(3)(k) Florida Statu	tes I further

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shell 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.