5-16-97 B-7409 C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # P96000013913 (4)

1. Corporation Name
SPLIT ENDS BEAUTY SALON, INC.

Principal Place of Business
8411 SOUTHWEST 209TH STREET
MIAMI FL 33189

Mailing Address
8411 SOUTHWEST 209TH STREET
MIAMI FL 33189-3410

3. Date Incorporated or Qualified: 02/14/1996
3a. Date of Last Report

2. Principal Place of Business
21 8411 S.W. 209th St
Suite, Apt #, etc.
22 Miami Fl 33189
City & State
23 33189 Zip 25 USA Country
24

2a. Mailing Address
26 8411 SW 209th St
Suite, Apt #, etc.
27 Miami Fl
City & State
28 33189 Zip 30 Country
29

4. FEI Number: 65-0649162 [ ] 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

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	PTD	[ ] DELETE	1 1 TITLE		[ ] Change [ ] Addition
NAME	SUPERVILLE, DIANE J		1 2 NAME		
STREET ADDRESS	8411 SOUTHWEST 209TH STREET		1 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		1 4 CITY-ST-ZIP		
TITLE	VSD	[ ] DELETE	2 1 TITLE		[ ] Change [ ] Addition
NAME	THOMAS, SANDRA		2 2 NAME		
STREET ADDRESS	8411 SOUTHWEST 209TH STREET		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		2 4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

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: Diane Superville - Diane Superville 5/1/97 305-254-2653