

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 28 1998 8:00am
Secretary of State

DOCUMENT # P96000013913 (4)

1. Corporation Name

SPLIT ENDS BEAUTY SALON, INC.



Principal Place of Business

Mailing Address

8411 SW 209TH ST
MIAMI FL 33189
US

8411 SOUTHWEST 209TH STREET
MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 6809 S.W. 59th Pl	26 8411 S.W. 209th St		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Miami FL 33143	27 Miami FL		
City & State		City & State	
23	28 33189		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	
02/14/1996	
4. FEI Number	Applied For
65-0649162	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD		81 Name	
343 ALMERIA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, 4/22/98 665-0333

CR2E034 (10/97)