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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P96000017319 (0)
STUDIO INC (Lost in) DOCUMENT #

LC HAIR WEAVING STUDIO INC

FILED May 18 1998 8:00am Secretary of State



Principal Place 5527 W. OAKL FT. LAUDERD	New ac New Action of Business L.C. HAIR WE MO PARIHAM REPLACEM LE FL 33313 4524 N. UNIVER LAUDERHILL, (954) 584-	AVING TING Address ENT STILLING SAKLAND P. RSITY ID PLAUDERVALE FL FL 33351 5117	Mail) ARK BLVD. 33313	DO NOT WRITE 3. Date Incorporated or Qualified 02/23/1996	E IN THIS SPACE
-	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #	t ato	Suite, Apt. #, etc.		65-0661941	Not Applicable \$8.75 Additional
2	, s to	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Ziρ ∵⊓	Country	Ζ _{ip} Τ.1	Country	8. This corporation owes or has pa	_ ' &
24	25 Name and Address of Curre	29 ent Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
			84 City atutes, the above-named corp	poration submits this statement for the	
agent. I an SIGNATURE	gistered agent, or both, in the State in familiar with, and accept the oblining state in the state of the sta	gations of, Section 607.0505	nas authorized by the corporation, Fiorida Statutos. (NOTE Registered Agent signature require)	ion's board of directors. I hereby accepted when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE		Change Addition
NAME	GONZALEZ, CELIA BB27 W. OAKKAND PAAK B	w	1.2 NAME		
STREET ADDRESS	ET / # I IN FRIZING FAIR D	cyo.	1.3 STREET ADDRESS		•
CITY-ST-ZIP TITLE	HAIR REPLACEMENT	STUDIO DELETE	1.4 CFFY - ST - ZIP 2 1 TITLE		Change Addition
NAME	4524 N. UNIVERSIT' LAUDERHILL, FL 3	Y DR.	2.2 NAME		— • -
STREET ADDRESS	(954) 584-6117	3301	2.3 STREET ADDRESS		
CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2 4 CHY-SI-ZIP		
TITLE		DELETE	3.1 TITLE	<u> </u>	Change Addition
NAME			3.2 NAMF		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DOLLETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		L_J DELETE	4.1 TITLE 4.2 NAME		CT Avenille CT vitalitati
NAME etheet annoles			4.3 STREET ADDRESS		
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		
indicated of officer or d	on this annual report or supplicmen	ital amual réport is true and ceiver or trustee empowered	accurate and that my signatu	Section 119.07(3)(i), Florida Statules. I re shall have the same legal effect as i uired by Chapter 607, Florida Statutes;	f made under oath; that I am an