FILE NOW: FILING FEE AFTEP

PROFIT CORPORATION ANNUAL REPORT 1998

Country

9. Name and Address of Current Registered Agent

25

KURLAND, JACQUELINE I ESQ.

PEMBROKE PINES FL 33024

9853 PINES BLVD.

ቭ MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000053921 (8) DOCUMENT

SENNA BEAUTY CORPORATION

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

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1

Zip

Principal Place of Business	Mailing Address
715 NORTHWEST 119TH STREET NORTH MIAMI FL 33168	715 NORTHWEST 118TH STREET NORTH MIAMI FL 33188

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29

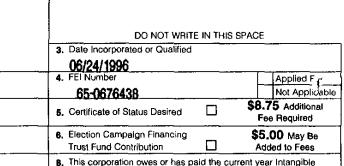
Mailing Address

Suite, Apt. #, etc.

City & State

Zip

FILED Feb 19 1998 8:00am Secretary of State



Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

☐ Yes

□ No

84 City 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

Country

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Name

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office or r agent. I a	egi <mark>ster</mark> ed agent, or both, in the State of Florida m familiar with, and accept the obligations of, S	Such change was au Section 607,05 <mark>05, Fl</mark> or	ithorized by the corpida Statutes.	poration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and title if a	policable (NO1E	Registered Agent signature	required when reinstaling)	DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP .	DELETÉ	1.1 TITLE		Change Addition
NAME	ALARACHI, SAAD		1.2 NAME		
STREET ADDRESS	7613 NW 42ND PLACE, #C-113		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	PRESIDENT	Change Addition
NAME	ALBUNNI, MOHAMED A		2.2 NAME		
STREET ADDRESS	5013 EAST LAKES DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		2 4 CITY-ST-ZIP		* :
TITLE		☐ DELE TE	31 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	i .	7 - 1.
STREET ADDRESS			5.3 STREET ADDRESS	1	h 2/19
CITY-ST-ZIP			6.4 CITY - ST - ZIP		10/11
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	6000024: -02/20/9801	36106
STREET ADDRESS			6.3 STREET ADDRESS	-02/20/9801	J14029
0.777 07 7/0			0.4.0574.07.710	***150.00	

14. I hereby certify that the information supplied with this filling 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

A. ABBUNNI 2/12/98 3056879444