APPROVED AND SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FLORIDA DEPARTMENT OF STATE 98 NOV 10 PH 4: 18 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS 1998 P96000062054 (7) Stylish Cuts, Inc. Principal Place of Business Mailing Address 1801 S. Flogler Dr. 9585 Southren Blud. DO NOT WRITE IN THIS SPACE Royal Palm Beach, FI 33411 F1.33401 3. Date Incorporated or Qualified 7/241 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite. Apt #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired, Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent □ No 24 30 9. Name and Address of Current Registered Agent Name Amerikanyer Chartered 343 Almeria Avenue 82 Street Address (P.O. Box Number is Not Acceptable) **700002686797** -11/13/98--01033 Coval Gables, F1. 33134 83 -008 ****150.04 ****150°.00 84 City 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 little if applicable OFFICERS AND DIRECTORS (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, TITLE D DELETE 1.1 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 1.3 STREET ADDRESS 33% (CITY-ST-ZIP 1.4 CITY-ST-ZIP DELET Change Addition TOTLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE 3 TITLE ☐ Change Addition TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIF ☐ DELETE TITLE 61 TITLE

6.2 NAME

STREET ADDRESS

(6.3 STREET ADDRESS

(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.

NAME STREET ADDRESS

SIGNATURE:

(86/9)

To Florida Department of State

Dean Sir!

Please note that I already sent to you a check for \$150.00 with the Profit Corporation annual report on April 15th, 1998. I do not know why the check is not cashed yet and why my corporation is dissolved. Please be kind and correct this mistake. Inclosed you Find a check for \$150.00.

Thank you very much.

H. al-Rauci Stylish Cuts, In-President.