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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT 1998 DIVISION OF CORPORATIONS

FILED Apr 24 1998 8:00am Secretary of State

	AT ENTERPRISES INC.	00070504							
B & G HAIR DESIGNS 2827 SW 32ND CT MIAMI FL 33156 US		12215 S DIXIE HWY B Miami FL 33156 US							
						DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified			
						08/23/1996			
2. Principal Place of Business		28. Mailing Address						pplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc						ot Applicable Additional	
22		27				5. Certificate of Status Desired		equired	
City & Stato		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	·	· 		Trust Fund Contribution		to Fees	
Zip	Country	Zip	-	Country	,	8. This corporation owes or has paid the c Personal Property Tax due June 30.		tangible No	
24	25 9. Name and Address of Cur	29 rent Registered Agen	30 st	<u>"</u>		10. Name and Address of New Registered			
BA	RAKAT, RAMONA			81	Name				
	27 S.W. 32ND CT.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33133				Ĺ					
				83					
				84	City	P	85 Zip	Code	
11 Purcuant	to the provisions of Sections 607.0	1502 and 607 1508 Fil	orida Statutos	the show	e-named co	Fluorestion submits this statement for the number		te registered	
office or a agent 1 a SIGNATURE			iange was auti 07.0505, Florid	horized by la Statute	y the corpor s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as	registered	
Ĺ	Signature, typed or printed name of registered		(NOTE: H		ent signature req	uired when reinstating) DATE			
12.	D OFFICERS	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
NAME	BARAKAT, RAMONA	٥	DECEN	1.2 NAME	1		onanga	7,00.00	
STREET ADDRESS	2827 S.W. 32ND CT.			1.3 STREET	F ADDRESS				
CITY - ST - ZIP	MIAMI FL 33133			1.4 CITY-5					
TITLE			DELETE	2.1 TITLE			Change	Addition	
NAME				2.2 NAME	1				
STREET ADDRESS				2.3 STREET	i				
CITY-SI-7IP TITLE			DELETE	2 4 CITY - 3.1 TITLE	ST-ZIP		Change	Addition	
NAME				3.2 NAME	1			- Addition	
STREET ADDRESS				3.3 STREET	I ADDRESS				
CITY-ST-ZIP				3 4. CITY -	į.				
TITLE			DELETE	4.1 THILE			☐ Change	☐ Addition	
NAME				4 2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-5 5.1 TITLE	ST-ZIP		Change	Addition	
NAME		L	DELLE IL	5.1 HILE 5.2 NAME			C Shande		
STREET ADORESS				5.3 STREET	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-5	J				
TITLE			DELETE	6.1 TITLE	-		Change	☐ Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	T ADDRESS				
CITY - ST - ZIP	l			6 4 CITY - 5	ST-ZIP	Costine 110 07/0V/) Elevide Chabitas I further			

Sandra B. Mortham

Secretary of State

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 legat 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 man attachment with an address.

GNATURE:

SIGNATURE: