

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000077417 (9)  
1. Corporation Name

CHANTARELLE HAIR DESIGNERS INC.

Principal Place of Business

9949 SW 142 AVE  
MIAMI FL 33186  
US

Mailing Address

9969 S.W. 142ND AVENUE  
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 9949 SW 142 Ave		09/18/1996	
22 City & State		27 MIAMI FLA		4. FEI Number	
23 Zip		29 33186		65-0709098	
24 Country		30		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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

RENDINI, MARIE  
9969 S.W. 142ND AVENUE  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name	RENDINI MARIE
82 Street Address (P.O. Box Number is Not Acceptable)	9949 SW 142 Ave
83 City	MIAMI
84 State	FL
85 Zip Code	33186

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	PS	1.1 TITLE	PS
NAME	RENDINI, MARIE	1.2 NAME	MARIE RENDINI
STREET ADDRESS	9969 S.W. 142ND AVENUE	1.3 STREET ADDRESS	9949 SW 142 Ave
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	MIAMI FLA 33186
TITLE	TV	2.1 TITLE	T.V.
NAME	PORTILLO, IBONNE	2.2 NAME	PORTILLO IBONNE
STREET ADDRESS	9969 S.W. 142ND AVENUE	2.3 STREET ADDRESS	9949 SW 142 Ave
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	MIAMI FLA 33186
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie Rendini 2/18/98 305 386444

Date

Daytime Phone #

0256018

CR2E034 (10/97)