

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -3 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10

DOCUMENT # **96000080641**
Corporation Name
Shaunda's Hair & Nail Studio, Inc.
1490 NW 3rd Ave #111
Miami FL 33136
6720 SW 12th
Pembroke Pines FL 33023

Principal Place of Business
1490 NW 3rd Ave
Miami FL 33136
#111
Mailing Address
6720 SW 12th
Pembroke Pines FL 33023

3. Date Incorporated or Qualified Sept. 30 1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

Shaunda Hayes
6720 SW 12th
Pembroke Pines FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **Shaunda Hayes** (NOTE: Registered Agent signature required when reinstating) DATE **07/16/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **Shaunda Hayes** DATE: **07/16/97** DAYTIME PHONE: **9642343**

CP2E034 (9/96)

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July 16, 1997

Florida Department of
State Division of Corporation
Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Re: Corporate Fees

I received information that said I was behind in paying my Corporate fees. I hope this letter will explain to you why I was not aware of the fees and that they were due or overdue. I did not receive any letters, bills or statements from you requesting payments.

In addition, I did not receive any mail that went to the proposed site because it is not officially my place of business yet. I anticipate opening by December '97.

I ordered the Corporate kit on September 30, 1996, when I applied for a loan to own and operate a Beauty Salon. The business plans are still in process, although, we are near the final stage of the loan approval process and signing a lease agreement.

Since the space at 1490 NW 3rd Ave Suite 111 is not officially leased to me, I do not have the keys to open the mail box or door. The letters that you said were sent should have returned to your office, because I do not have access and they did not come to my home address.

Last week when I called your office I spoke to one of your Representatives. I explained to her what caused the delayed communication and misunderstanding. Enclosed is a check for \$175.00. if this amount is not sufficient please let me know. My home number is 954-964-2343 and my fax number is 954-962-5036.

\$ 167. Fee
0 8.75 Fee
\$ 175.75

In the future, please send all my mail to my home address:

6720 SW 12th Street Pembroke Pines, Florida ~~33054~~
33023

(3)

Thank you for your attention.

Sincerely,

Sh - La Hayes

Mrs. Shaunda Hayes