

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

FILED

Apr 17 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000081874 (5)

1. Corporation Name

FAMILY AFFAIR HAIR TRIO, INC.

Principal Place of Business

1801 SOUTH WEST 81ST AVENUE  
NORTH LAUDERDALE FL 33068

Mailing Address

1801 SOUTH WEST 81ST AVENUE  
NORTH LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

65-0700557

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ 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 Country

28 Zip Country

9. Name and Address of Current Registered Agent

LIVOLSI, MADALINE N  
3711 NORTH WEST 118TH TERRACE  
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 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 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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> DELETE |
| NAME           | LIVOLSI, MADALINE N |                                 |
| STREET ADDRESS | 3711 NW 118TH TERR  |                                 |
| CITY-ST-ZIP    | SUNRISE FL          |                                 |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | VP                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | MARTELLARO, MARY   |  |
| STREET ADDRESS | 3711 NW 118TH TERR |  |
| CITY-ST-ZIP    | SUNRISE FL         |  |

|                |                  |  |
|----------------|------------------|--|
| TITLE          | S                | <input checked="" type="checkbox"/> DELETE |
| NAME           | CALABRRA, SABINA |  |
| STREET ADDRESS | 11420 NW 36 PL   |  |
| CITY-ST-ZIP    | SUNRISE FL       |  |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | T                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | NACCHIO, ROSEMARIE |  |
| STREET ADDRESS | 3711 NW 118 TERR   |  |
| CITY-ST-ZIP    | SUNRISE FL         |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |   |
|--------------------|---------------------|---|
| 1.1 TITLE          | P VP, S, T          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | LIVOLSI, MADALINE N |   |
| 1.3 STREET ADDRESS | 3711 NW 118 TERR    |   |
| 1.4 CITY-ST-ZIP    | SUNRISE FL          |   |

|                    |  |   |
|--------------------|--|---|
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |   |
| 2.3 STREET ADDRESS |  |   |
| 2.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |   |
| 3.3 STREET ADDRESS |  |   |
| 3.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 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.

SIGNATURE:

*Madalene N. Livolsi* *April 12 1998*

CR2E034 (10/97)