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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096916 (7)

HAIR BY	/ GISELLE, INC.				
Principal Place of Business Mailing Address					
5746 BIRD RD SOUTH MIAMI		5746 BIRD RD South Miami FL 33155			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 11/27/1996
2. Principal P	lace of Business	2e. Mailing Address 26			4. FEI Number 65 - 071 007 > Applied F APPLIED FOR Not Appli
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees
Zip 24	Country 25	7 _(P)	30 Cou	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent
574	9. Name and Address of Current Registered Agent GRIPPO, GISELA 5746 BIRD RD SOUTH MIAMI FL 33155				Street Address (P.O. Box Number is Not Acceptable)

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.

City

*	m familiar with, and accept the obligations of, Section 607.	.0300, 110/10	a cialotos.				
SIGNATURE	Signature, typind or printed name of regellered agent and title if applicable	(NOTE BE	ngistored Agent signature require	ed when reinstating)	DATE		
12. OF LICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICE	TO OFFICERS AND DIRECTORS		
TITLE	D	ELETE	1.1 TITLE		☐ Change	Additio	
NAME	GRIPPO, GISELA		1.2 NAME				
STREET ADDRESS	1447 W 40TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP				
TITLE	DI DI	ELETE	2.1 TITLE		Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY - ST - ZIP			2 4 CITY-ST-ZIP				
TITLE	Dr.	ELFTE	3.1 TITLE		Change	■ Additio	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY+ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	DE	ELETE	4.1 TITLE		Change	Additio Additio	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE	DE	ELETE	5.1 TITLE	ŧ	Change	Additio	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CHY-ST-ZIP				
TITLE	□ DE	EL E.TE	6.1 TITLE		☐ Change	Additio	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY_ST.7IP			64 CITY-ST-ZIP				

14. Thereby 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 innual 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 13 if changed, or on an attachment with gin agdress.

SIGNATURE:×

Swelv Suppe

19/98 (30x) 465-202

FILED

Mar 13 1998 8:00am

Secretary of State

IZE034 (10/97)

Zip Code