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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000008331**

Corporation Name

SANDRA HAIR DESIGNER, INC.

Principal	Place	of	Bus	in	ess
•					

Mailing Address

3002 NW 29TH STREET MIAMI FL 33142

3002 NW 29TH STREET MAMI FL 33142

FILED Jan 23, 1999 8:00am Secretary of State

01-23-1999 90041 012 ***150.00



DO NOT WRITE IN THIS SPACE

				01/28/1997					
Principal Place of Business 2a. Mailing Address		-				lied For			
—		26	<u> </u>		65-0724907	<u> </u>	Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Ac	dditional		
22		27			5. Certificate of Status Desired	Fee Req	luired		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be				
28		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible				
24	25		30		Personal Property Tax.				
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
MALU, NELSON		81	Name						
	MALU, NELSON		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	MIAMI FL 33142		83	20 10 10 10 10 10 10 10 10 10 10 10 10 10					
MILLE	MH-FL 33192		63						
		w .	84	City	El	85 Zip C	ode		
<u> </u>					FL	hanging its r	enistered		
office or n	egistered agent or both, in the	State of Florida, Such change was au	inorized by	tne corporat	rporation submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin	tment as reg	istered		
agent I a	m familiar with, and accept the	obligations of, Section 607.0505, Flori	ua Statutes	•	•				
SIGNATURE	Signature, typed or printed name of regist	ared agent and title if applicable. (NOTE: F	Registered Agen	t signature requi	red when reinstating) DATE	·			
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		3-12-	Change	Addition		
NAME	MALU, SANDRA D		1.2 NAME			•			
STREET ADDRESS	ACCOUNTY COTH CODET		1.3 STREET	ADDRESS	· .·				
CITY-ST-ZIP	MANA FOR COMMO		1,4 CITY-S	ST-ZIP					
TITLE			2.1 TITLE				· Addition		
NAME	MALU, NELSON		2.2 NAME			•			
STREET ADDRESS 3002 NW 29TH STREET		2.3 STREET	ADDRESS			\			
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-S	T-ZIP	<u> </u>				
_TITLE	ے دیا ۔ اس اس منطقی است	DELETE	3.1.TTLE		مبينة ويتنب ميته عنبات مستعمل	Change	Addition		
NAME NAME			3.2 NAME						
STREET ADDRESS		3.3 STREE	TREET ADDRESS			1.34			
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			1 3		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition		
NAME			4, 2 NAME			* **			
STREET ADDRESS			4.3 STREET	T ADDRESS		• • • • • • • • • • • • • • • • • • • •			
CITY-ST-ZIP			4.4 CITY-S	T- ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME			•			
STREET ADDRESS			5.3 STREE						
CITY-ST-ZIP	3		5.4 CITY-S	T-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
TITLE	Specification of the second	· DELETE	6.1 TITLE			Change	Addition		
NAME			6.2 NAME			•	,		
STREET ADDRESS	(m)		6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 CITY-S						
44	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	the decide this filling dans and availed for	the everent	ion atatad in	Section 119 07(3)(i) Florida Statutes further cert	ity that the ir	tormation		

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 of 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99 (305) 556-525