

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthahn</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000010808 (8)**

1. Corporation Name

**CHRISTY'S HAIR PARADISE, INC.**

Principal Place of Business

**404 N.W. 136 PLACE  
MIAMI FL 33182**

Mailing Address

**404 N.W. 136 PLACE  
MIAMI FL 33182**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/04/1997**

2. Principal Place of Business

21 **3309 W. 80 ST.**

Suite, Apt. #, etc.

22 City & State

23 **MIAMI**

Zip

24 **33016**

Country

25 **DADE**

2a. Mailing Address

26 **3309 W. 80 ST.**

Suite, Apt. #, etc.

27 City & State

28 **MIAMI**

Zip

29 **33016**

Country

30 **DADE**

4. FEI Number

**65-0725793**

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

10. Name and Address of New Registered Agent

81 Name

**GEORGINA FERNANDEZ**

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

**404 NW 136 PL.**

83

84 City

**MIAMI**

FL

85 Zip Code

**33182**

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 of the person or persons authorized to sign this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MENENDEZ, SANDRA A**

STREET ADDRESS **404 N.W. 136 PLACE**

CITY-ST-ZIP **MIAMI FL 33182**

TITLE **VPO** ☐ DELETE

NAME **MENENDEZ, GEORGINA C**

STREET ADDRESS **404 N.W. 136 PLACE**

CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**Sandra A Menendez**

**4/28 1805 2512443**

FILED

93 JUN -5 PM 3:44

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (10/97)