

FILED

May 01 1998 8:0  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000033377 (7)

1. Corporation Name

MAXX HAIR ESSENTIALS, INC.

Principal Place of Business

~~C/O ROBERT HENRY SILVERS, C.P.A.~~  
~~1140 KANE CONCOURSE FIFTH FLOOR~~  
~~BAY HARBOR ISLANDS FL 33154~~

Mailing Address

~~C/O ROBERT HENRY SILVERS, C.P.A.~~  
~~1140 KANE CONCOURSE FIFTH FLOOR~~  
~~BAY HARBOR ISLANDS FL 33154~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1997

4. FEI Number

65-0741000

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.☒ Yes ☐ No

2. Principal Place of Business

21 20815 N.E. 16 AVENUE

2a. Mailing Address

26 1140 KANE CONCOURSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #8-35

27 FIFTH FLOOR

City &amp; State

City &amp; State

23 MIAMI, FL

28 BAY HARBOR ISLANDS, FL

Zip

Zip

24 33179

29 33154

County

County

25 US

30 US

9. Name and Address of Current Registered Agent

SILVERS, ROBERT HENRY C.P.A.

~~C/O ROBERT HENRY SILVERS, C.P.A.~~

1140 KANE CONCOURSE FIFTH FLOOR

BAY HARBOR ISLANDS FL 33154

Delete this Line

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 type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SACCHI, ENRICO

STREET ADDRESS ~~C/O ROBERT HENRY SILVERS, C.P.A.~~CITY-ST-ZIP ~~BAY HARBOR ISLANDS FL 33154~~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

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

1140 KANE CONCOURSE - 5th FLOOR

BAY HARBOR ISLANDS, FL 33154

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

600002508728

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\*\*\*158.75

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: Enrico Sacchi

4/17/98 (305) 900097

CR200 (1097)