## 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 # **P97000033377**1. Corporation Name

MAXX HAIR ESSENTIALS, INC.

  -							
Principal Plac	ce of Business	Mailing Address		•		<b>iro</b> (11 <b>88</b> 115 <b>00</b> 1111)	10011 1001 1001
20815 N.E. 16 AVENUE		1140 KANE CONCOURSE					
#8-35		FIFTH FLOOR		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33179   US		BAY HARBOR ISLANDS FL 33154 US		3. Date Incorporated or Qualified			
					04/08/1997	•	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0741000	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			J. Gordinate of Glades Desired	Fee Re	guired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
Zip	Country	Zip	Country		Trust Fund Contribution	Added to	o Fees
24 Country		29 30		8. This corporation owes the current year Intangible Personal Property Tax.   Yes □ No			
24	9. Name and Address of Curren				10. Name and Address of New Registere	<u> </u>	
			81	Name			
SILVERS, ROBERT HENRY C.P.A. 1140 KANE CONCOURSE FIFTH FLOO		222	82	Street Address (P.O. Box Number is Not Acceptable)			
		OOR		0110017100	toto (1.0. Box (tallibor to trott) toto placing)		5. 5 5. <u>5 5.</u>
BAY	HARBOR ISLANDS FL 33154		83		- おものものは 100 日本語館 100	336	18 March
			84	City	22	85 Zip C	Code
				-	<u> </u>		
11 Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	12 and 607.1508, Florida Statutes of Florida, Such change was auti	s, the above horized by	e-named corp the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as reg	registered gistered
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505. Florid	la Statutes.		, , , , , , , , , , , , , , , , , , , ,	•	•
9				•		•	
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Ri	tegistered Agent		ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS.	AND DIRECTO	RS IN 12
, ,	Signature, typed or printed name of registered ager				ad when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Ri	tegistered Agent				
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered ager OFFICERS AN D SACCHI, ENRICO	nt and title if applicable. (NOTE: Ri ID DIRECTORS	13.	t signature require			
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D SACCHI, ENRICO	nt and title if applicable. (NOTE: Ri I/O DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	t signature require			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T	nt and title if applicable. (NOTE: Ri I/O DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature require			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T	nt and title if applicable. (NOTE: Ri ND DIRECTORS DELETE TH FLOOR 154	tegistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature require	ADDITIONS/CHANGES TO OFFICERS	☐ Change (	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ager OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: Ri ND DIRECTORS DELETE TH FLOOR 154	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature require  ADDRESS 1- ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change (	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: Ri ND DIRECTORS DELETE  TH FLOOR 154	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ager OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: Ri ND DIRECTORS DELETE TH FLOOR 154	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE	ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change (	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered eger OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: Ri ND DIRECTORS DELETE  TH FLOOR 154	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME	ADDRESS F- ZIP ADDRESS T- ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered eger OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: Ri ND DIRECTORS DELETE  TH FLOOR 154	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS 1- ZIP ADDRESS 4- ADDRESS 4- ADDRESS 4- ADDRESS 4- ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered eger OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: R: ID DIRECTORS  DELETE  TH FLOOR  154  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S'	ADDRESS 1- ZIP ADDRESS 4- ADDRESS 4- ADDRESS 4- ADDRESS 4- ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered eger OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: Ri ND DIRECTORS DELETE  TH FLOOR 154	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE	ADDRESS 1- ZIP ADDRESS 4- ADDRESS 4- ADDRESS 4- ADDRESS 4- ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: R: ID DIRECTORS  DELETE  TH FLOOR  154  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: R: ID DIRECTORS  DELETE  TH FLOOR  154  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: R: ID DIRECTORS  DELETE  TH FLOOR  154  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: RidD DIRECTORS  DELETE  TH FLOOR 154  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: RidD DIRECTORS  DELETE  TH FLOOR 154  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: RidD DIRECTORS  DELETE  TH FLOOR 154  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE: RidD DIRECTORS  DELETE  TH FLOOR 154  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D SACCHI, ENRICO 1140 KANE CONCOURSE - 5T BAY HARBOR ISLANDS FL 33	nt and title if applicable. (NOTE. R. ID DIRECTORS  DELETE  TH FLOOR 154  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.5 STREET 5.4 CITY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition

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 trusted 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: >

CITY-ST-ZIP

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

02-15-1999 90006 038 \*\*\*158.75