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	Annual Report Fictitious Name Name Reservation		Foreign Limited Partnership Reinstatement Trademark Other			RECEIVED 97 JUN 10 AM 10: 58 DIVISION OF CORPORATION
					Examiner's Initials	

CR2E031(1/95)

ARTICLES OF INCORPORATION

97 JUN 10 PH 12: 59:
SECRETARY OF STATE
ALL AHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: HAIR DESIGN BY JULIO INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6805 S.W 40 ST Miami FLA 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JULIO PADRON 14007 S.W 66 TERR MIAMI FLA 33183.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):	ora-
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Julio PADRON 14007 S.W 66 TERR MIAMI FL 33183.

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JULIO PADRON 14007 S.W 66 TERR. MIAMI FL 33183.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

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6	day of JUNE, 19 97.	
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	Signature	
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	Signature	
	<u>X</u>	
	Signature	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: HAIR DESIEN BY JULIO INC
2.	The name and address of the registered agent and office is:
	JULIO PADRON
	(NAME)
	(P.O. BOX NOT ACCEPTABLE)
	MIAMI FG 33183.
	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE X SECRETARY OF STATE LORIDA

DATE 6/6/97

DATE 6/6/97