Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90053 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015389

 Corporation 	Name	0.0000					
EAST SIDE HAIR STUDIO INC.							
2,101 011				1 (00) (00) (00) (00) (00) (00) (00) (00	48 00 48 00 48 00 1	1881 e nas 1780 18	2 1 101 101
Principal Place	of Business	Mailing Address			, KRIST MASIL AMINES	1001 REIDE 11121 10	118 (81) 1881
555 NORTH FEE	DERAL HIGHWAY	'AY					
SUITE 15 & 16		SUITE 15 & 16		20 1107 11	DITE IN THIS	0DA0E - *	
BOCA RATON.F	L.33432	BOCA RATON FL 33432		3. Date Incorporated or Qualife	RITE INTHIS	SPACE -	
1				02/17/1998	ou .		Ţ
2 Princinal Pl	ace of Business	2a. Mailing Address	 	4 FEI Number		Appl	ied For
21	abb of Bagineou	26		65-0813	480	Not.	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Ad	ditional
22	.,	27		5. Certificate of Status Desired		Fee Req	uired
City & State	•	City & State		6. Election Campaign Financir	ig 🖂	\$ 5.00 м	lay Be
23		28		Trust Fund Contribution	' ⁹	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the c	urrent year Inta		_
24	25	29	o	Personal Property Tax.]No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of Nev	v Registered	Agent	
			81 Name	Seph G145	7121A		ĺ
1	RILAWYER		82 Street Addre	ess (P.O. Box Number is Not Acce		· • / · ·	
343 ALMERIA AVENUE			250	5 North Fede	ach #	1 ghw A	y
COR	AL GABLES FL 33134		83			0	
			84 City			85 Zip Co	ode.
			1330	-a	FL		432
. 11. Pursuant	to the provisions of Sections 607.950; egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	, the above-named corporation	pration submits this statement for the	he purpose of cent the appoin	changing its re ntment as regi	agistered _ stered
office or re	egistered agent, or both, in the eacter if familiar with, and accept the obligat	tions of, Section 607.0506, Florid	la Statutes.	ins board of directors. Thereby do			_
SIGNATURE	taugh two	tina. Hes.			81,	10 17	7
Signature, types or printed name at ourstered agent and titly if applicable. (NOTE: Re			egistered Agent signature required		DATE		
12.	COFFICERS AN		13.	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change	Addition
TITLE	PSTD	☐ DELETE	1.1 TITLE			□ cuanta	☐ Addition
NAME	GIUSTIZIA, JOSEPH	134	1.2 NAME				,
STREET ADDRESS	555 NORTH FEDERAL HIGHWA	NY .	1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP			Change	Addition
TITLE	STDD	☐ DELETE	2.1 TITLE			☐ Change	
NAME	GIUSTIZIA, LINDA		2.2 NAME				
STREET ADDRESS	555 NORTH FEDERAL HIGHWA	NY	2.3 STREET ADORESS			•	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP		· ·		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME							
STREET ADDRESS			3.2 NAME				
			3.2 NAME 3.3 STREET ADDRESS				}
CITY-ST-ZIP			I l				T A delate - 1
CITY-ST-ZIP TITLE		☐ DELETE	3.3 STREET ADDRESS			Change	Addition
		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		- · · · -	Change	☐ Addition
TITLE NAME			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	- 1		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	tur .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	e i e.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	e de la companya de l		Change	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	en-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	tinh.		Change	_

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 attachpent with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

561-1502222