


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90002 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000016992					
1. Corporation Name HAIR NATURES WAY & SPA, INC.					
Principal Place of Business 820 EAST 41ST STREET HIALEAH FL 33013			Mailing Address 820 EAST 41ST STREET HIALEAH FL 33013		



DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 02/19/1998					
2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 630332		4. FEI Number 65-0815308	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State miami florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip 33162		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country U.S.A.		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HEANO, ELBA 820 EAST 41ST STREET HIALEAH FL 33013				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEANO, ELBA	1.2 NAME	
STREET ADDRESS	19730 NE 22ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33018-0	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **- 3W-836-3382**

CR2E034 (5/99)

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593271-90002-27

7/14/99

To the Secretary of State

This is to report the delay of this important document.

As I read this I saw its a second notice not knowing of the first.

I am very concerned because I found out that the first notice is 150.⁰⁰ I am asking for you to please take a moment and review this. I am trying my best to keep this Beauty Salon.

The Mail Man that delivers my mail knows how much trouble I have with my mail getting lost or delivered to the next Store called Farmacia Enrique 820 E. 41 St. Hialeah Phone # 305-836-2200

I am doing my best and don't want to give up, but at the moment I'm going thru a very difficult time and the delay of this document makes a lot of difference in money.

Please understand this is not my doing and all this is new to me.

Do to this Problem with my mail I'm