


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90198 007 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS				
<b>DOCUMENT # P98000035621</b> 1. Corporation Name <b>MILLENNIUM HAIR DESIGN, INC.</b>								
Principal Place of Business <b>8550 SW 8TH STREET 9252 SW 40 ST</b> <b>MIAMI FL 33144 33165</b>		Mailing Address <b>8550 SW 8TH STREET 9252 SW 40 ST</b> <b>MIAMI FL 33144 33165</b>						
2. Principal Place of Business <b>21 Millennium Hair Design</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b> <b>33165</b>		2a. Mailing Address <b>26 9252 SW 40 Street</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 miami florida</b> Zip Country <b>29 33165 30 USA</b>		3. Date Incorporated or Qualified <b>04/20/1998</b> 4. FEI Number <b>65-0829403</b> Applied For No: Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9. Name and Address of Current Registered Agent <b>ORTIZ, JOSEFINA</b> <b>2640 SW 103 COURT</b> <b>MIAMI FL 33165</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 title if applicable (NOT E: Registered Agent signature required when reinstating) DATE								
12. OFFICERS AND DIRECTORS TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>ORTIZ, GUALBERTO</b> STREET ADDRESS <b>2640 SW 103 COURT</b> CITY-ST-ZIP <b>MIAMI FL 33165</b> TITLE <b>STD</b> <input type="checkbox"/> DELETE NAME <b>ORTIZ, JOSEFINA</b> STREET ADDRESS <b>2640 SW 103 COURT</b> CITY-ST-ZIP <b>MIAMI FL 33165</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E034 (1/98)

0216233