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 # P98000059914

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90095 047 ***150.00

1. Corporation	Name 1 300000	JUJU 17		
MACHADO HAIR DESIGN, INC.				
WACITAL	O HAIR DEGICIN, INC.			A CRANCARI COR CRACA SERVI RECONSTRUCTO DE CONTROL PROPERTO DE CONTROL RECONSTRUCTO DE CONTROL RECONSTRUCTO DE
	- 1 D	Marilian Address		{
Principal Place		Mailing Address		
10629 S.W. 113TH PLACE C 10629 S.W. 113TH PLACE C				
MIAMI FL 33176	5	MIAMI FE 99176		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				07/07/1998
2 Principal P	lace of Business	2a. Mailing Address		A FEL Number
21 //9	36 5W 79 M- TERN-	2a. Maining Address 26 SW	75h Tenl	65-084 8679 Not Applicable
Suite, Apt.	 	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	<u> </u>	6. Election Campaign Financing \$5.00 May Be
			Ec	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
Zip 3316	73 25 USA	29 3313 3	0 USA	Personal Property Tax
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
MACHADO RAMON H				
	HADO, RAMON H		82 Street A	
10629 S.W. 113TH PLACE -C °2				Address (P.O. Box Number is Not Acceptable)
MAIM	MI FL 33176		83	
			04 650	les Zin Code
			84 City	$VIAmi$ FL $\begin{bmatrix} 85 & 20 & 20 & 20 \\ 23 & 23 & 23 \end{bmatrix}$
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				
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.				
I MARKED KIMM A MARILAN 1161177				
SIGNATURE	Signature, typed or printed ame of registered agent	and title if applicable. (NOTE: R	egistered Agent signature re	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	MACHADO, RAMON H		1.2 NAME	MACHADA RAMEN H
STREET ADDRESS	10629 S.W. 113TH PLACE -C		1.3 STREET ADDRESS	11936 SUITA LAN
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Mimi FL 33/13
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	•
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		_	4.2 NAME	
1			4.3 STREET ADDRESS	•
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
TITLE			5.2 NAME	
NAME			5.3 STREET ADORESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	61 TITLE	. ☐ Change ☐ Addition
TITLE		☐ SETELE	6.2 NAME	☐ ansula ☐ vacanon
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			6.3 STREET ADDRESS	
	1		= nathrastate i	

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, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 Date

Daytime Phone #

32E034 (11/98