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 # P98000061298

1. Corporation Name

INTERNATIONAL HAIR AND BEAUTY SYSTEMS, INC.

Principal Place of Busines
Principal Place of Busines 639 CLEVELAND ST CLEARWATER FL 33755
CLEARWATER FL 33755

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90026 002 ***150.00

Principal Place		-	Address VELAND ST									
639 Cleveland Clearwater F												
OCEANWAICH F					DO NOT WE	RITE IN THE	S SPACE					
							3. Date Incorp. 07/10/199	orated or Qualifed	d			
2. Principal Pl	ace of Business	2a. Mail	ling Address			•	4. FEI Number				Appl	ied For
21		26					59	- 35226	774			Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc		-		5. Certifcate of	Status Desired				ditional
22		27									Requ	
City & State	e	— ·	& State					mpaign Financing	' _		UU M ed to	lay Be
23 Zin	Country	28 Zip		Count	trv		Trust Fund		rrent vear Ir		eu io	1 663
Zip	25	29		30	u y		Personal Pr	stion owes the cu	пен усаг п	Yes	Ž	€No
24	9, Name and Address o		d Agent	1301		· · · ·		Address of New	Registered	Agent		
	<u> </u>			8	31 N	Name		-				
	., HILTON				32 5	Ctract Addre	ess (P.O. Box Num	her is Not Accer	table)			
	CLEVELAND ST			ľ	2 3	Street Addre	ess (F.O. BOX NUIT	ibei is Not Accep	naoio)			
CLE/	ARWATER FL 33755			8	33			-				
				_	34 (City			· · · ·	85 4	Zip Co	
ł						•			FI	L - _	•	
							oration submits this	statement for th	A DUMOSA C	or changing		
office or re agent. I as SIGNATURE	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the	he State of Florida. Some obligations of, Sect	uch change was a tion 607.0505, Flo	orthorized b orida Statute	es.	ie corporation	on's board of direct	ors. I hereby acc	эрг те аррс	ointment a	s regi	stered
office or re agent. I a	egistered agent, or both, in the familiar with, and accept the signature, typed or printed name of reconstructions.	he State of Florida. So he obligations of, Sect gistered agent and title if applic	uch change was a tion 607.0505, Flo	inthorized b orida Statute :: Registered Ag	es.	ie corporation	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ontinent a	s regi:	stered
office or reagent. I as SIGNATURE	egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of reconstruction.	he State of Florida. Some obligations of, Sect	uch change was a tion 607.0505, Flo	e: Registered Ag	es.	ie corporation	on's board of directions of the contraction of the	changes to o	DATE	ontinent a	CTOR	stered
office or reagent. I as SIGNATURE 12.	egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of recognition of the PVST	he State of Florida. So he obligations of, Sect gistered agent and title if applic	uch change was a tion 607.0505, Flo cable. (NOTI	inthorized b orida Statute :: Registered Ag	gent sig	ie corporation	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRE	CTOR	S IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of recognition of the PVST BELL, HILTON	he State of Florida. So he obligations of, Sect gistered agent and title if applic	uch change was a tion 607.0505, Flo cable. (NOTI	:: Registered Ag 13. 1.1 TITLE	gent sign	ie corporation	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRE	CTOR	S IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of recognition of the PVST	he State of Florida. St he obligations of, Sect gistered agent and title if applic CERS AND DIRECTO	uch change was a tion 607.0505, Flo cable. (NOTI	:: Registered Ag 13. 1.1 TITLE	gent sig	ignature required	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRE	CTOR	S IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of recognition of the PVST BELL, HILTON 639 CLEVELAND ST	he State of Florida. St he obligations of, Sect gistered agent and title if applic CERS AND DIRECTO	uch change was a tion 607.0505, Flo cable. (NOTI	:: Registered Ac 13. 1.1 TITLE 1.2 NAM	gent signed sign	ignature required	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRE	CTOR	S IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the familiar with, and accept the signature, typed or printed name of research post of the post o	he State of Florida. St he obligations of, Sect gistered agent and title if applic CERS AND DIRECTO	uch change was a tion 607.0505, Flo cable. (NOTI RS	:: Registered Ag 13. 1.1 TITLE 1.2 NAM 1.3 STRE	gent signer sign	ignature required	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRE	CTOR	S IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of the signature o	he State of Florida. St he obligations of, Sect gistered agent and title if applic CERS AND DIRECTO	uch change was a tion 607.0505, Flo cable. (NOTI RS	E: Registered Ac 13. 1.1 TITLE 12 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE	gent signer sign	DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRE	CTOR	S IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of the signature o	the State of Florida. State of Florida. State of Florida. State of Florida in the florida. State of florida. State of florida. State of florida in the flori	uch change was a tion 607.0505, Flo cable. (NOTI RS DELETE	: Registered As 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	gent signed sign	DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR	CTOR	S IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name or the signature, typed or printed name of respect to the signa	the State of Florida. State of Florida. State of Florida. State of Florida in the florida. State of florida. State of florida. State of florida in the flori	uch change was a tion 607.0505, Flo cable. (NOTI RS	E: Registered Active 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITILE 2.2 NAMI 2.3 STRE	gent signed sign	DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRE	CTOR	S IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name or the signature, typed or printed name of respect to the signa	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Flo cable. (NOTI RS DELETE	E: Registered Active 13. 1.1 TITLE 12 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 2.1 CITY 2.1 CITY 2.1 CITY 2.1 CITY 2.2 NAMI 2.3 STRE 2.4 CITY 2.4	E EET AD	DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR	CTOR	S IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Flo cable. (NOTI RS DELETE	E: Registered Active 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	E EETAC E EETAC E E EETAC E E EETAC E E E E E E E E E E E E E E E E E E E	DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR	CTOR	S IN 12 Addition
office or ragent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic cable. (NOTI RS DELETE DELETE	E: Registered Active 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4. CITY 3.4. CITY 3.4. CITY 3.4. CITY 3.5 STRE 3.4. CITY 3.5 STRE 3.4. CITY	E EET AD	DDRESS ZIP DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIREC Char	CTOR Dige	S IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Flo cable. (NOTI RS DELETE	### Registered Active ### Registered Active ### 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.1	gent signer sign	DDRESS ZIP DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR	CTOR Dige	S IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic cable. (NOTI RS DELETE DELETE	### Introduced by India Statute ### 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM	gent signed sign	DDRESS ZIP DDRESS ZIP DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIREC Char	CTOR Dige	S IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic cable. (NOTI RS DELETE DELETE	### Registered Active ### 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.3 STRE 4.4 STRE	gent signed sign	DDRESS ZIP DDRESS ZIP DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIREC Char	CTOR Dige	S IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic cable. (NOTI RS DELETE DELETE DELETE	### Introduced by India Statute 13.	Gent signal sign	DDRESS ZIP DDRESS ZIP DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR	CTOR ige	S IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic cable. (NOTI RS DELETE DELETE	### Registered Active ### Registered Active ### 13. ### 1.1 TITLE ### 1.2 NAMI ### 1.3 STRE ### 2.4 CITY ### 3.1 TITLE ### 3.2 NAMI ### 3.3 STRE ### 4.2 NAMI ### 4.3 STRE ### 4.4 CITY ### 5.1 TITLE ### 5.1 TITL	gent signer sign	DDRESS ZIP DDRESS ZIP DDRESS	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIREC Char	CTOR ige	S IN 12 Addition Addition
office or in agent. I ai signature 12. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic cable. (NOTI RS DELETE DELETE DELETE	### Registered Active ### TITLE ### TI	E EET AC E EEET AC E HE EEET AC F Y-ST-Z E HE EEET AC E HE EEET AC F ST-Z E HE	DDRESS ZIP DDRESS ZIP DDRESS ZIP	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR	CTOR ige	S IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic cable. (NOTI RS DELETE DELETE DELETE	### Registered Active ### 13. 1.1 TITLE 1.2 NAM! 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM! 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM! 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM! 5.3 STRE 5.3 STR	E EET AD E EEET AD E	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR	CTOR ige	S IN 12 Addition Addition
office or in agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic Cable. (NOTE RS DELETE DELETE DELETE DELETE	### Introduced by India Statute 13.	E EET ALL E E EET ALL E E E E E E E E E E E E E E E E E E E	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR Character Char	CTOR OTOR OTOR	S IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic cable. (NOTI RS DELETE DELETE DELETE	### Introduced by initial Statute ### Introduced by Intro	E EET ALC E EET ALC E EET ALC E E E E E E E E E E E E E E E E E E E	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR	CTOR OTOR OTOR	S IN 12 Addition Addition Addition
office or in agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the familiar with, and accept the familiar with, and accept the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature, typed or printed name of respect to the signature of th	the State of Florida. State of Florida. State of Florida State of Florida State of S	uch change was a tion 607.0505, Fic Cable. (NOTE RS DELETE DELETE DELETE DELETE	### Registered Active ### 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STRE 6.4 CITY 6.4 TITLE 6.5 NAMI 6.5 N	E EET AC E E E EET AC E E E E E E E E E E E E E E E E E E E	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	on's board of directions of the contraction of the	ors. I nereby acc	DATE	ND DIRECTOR Character Char	CTOR OTOR OTOR	S IN 12 Addition Addition Addition

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 one that address, with all other like empowered.

SIGNATURE: