PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🦈 🍨

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000087138

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90080 049 ***150.00

1. Corporation Name HAIR OASIS COMPANIES, INC.)) 1000/1000 (118/1017) 100/11 40/11 40/11 40/11	1818 1818 1818 18 88 18 88	B 301 0 3 1 0 16 1 80 1	
Principal Place of Business Mailing Address						E 1881 San Lia 18181 1911) Bater gante Leria i	bariter riterer eite der erman	i 194 it 1 siest 1 ii iit i	
1109 OKEECHOBEE RD. SUITE 20 1109 OKEECHOBEE RD. SUITE 20 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401					1	THE CRACE			
						DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE		1
I						10/09/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	ptled For	
21 26						(a5-047/15/	<u></u>	t Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		Additional equired	
City & State City & State				Election Campaign Financing		\$5.00	\$5.00 May Be		
23 28			Trust Fund Contribution		Added	to Fees	1		
Zip	Country	Zip				8. This corporation owes the current year Intangible		п	ĺ
24	25		30			Personal Property Tax.	Yes	□No	ł
	9. Name and Address of Current	Registered Agent		81 Na		10. Name and Address of New Registe	ea Agent		1
RIDO	OLFO, PHILLIP T JR			oi Na	110				
777 SOUTH FLAGLER DR, SUITE 300 E				82 Stn	eet Address (P.O. Box Number is Not Acceptable)				
WES	IT PALM BEACH FL 33401		Ī	83					
			1	84 City		FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-nan	ned corpo	ration submits this statement for the purpos	a of changing its	registered	Ì
office or n agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	or Florida, Such change was au ions of, Section 607,0505, Flori	imonzed ida Statul	by the c les.	orporation	ration submits this statement for the purpos is board of directors. I hereby accept the a	ppominion as re	-	ĺ
SIGNATURE	Signature, typed or printed name of registered agent	and title of anniforable /MOTE:	Davidson 4	, Loant sinner	in maded	when reinstating) DAT	<u> </u>		ے ا
12,	OFFICERS ANI		13.	•	·	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE	D	() DELETE	1.1 TIIL	E			☐ Change	Addition	Ξ
HAME	COUSO, ILEANA 12		1214	2NAME				8	
STREET ADDRESS	ALCO OVEROUNDER DE OUITE DO		1.3 STR	1.3 STREET ADDRESS					Į₩
CITY-ST-ZP	WEST PALM BEACH FL 33401		1.4 CT	(-ST-ZIP				- Admin	K
TITLE	D	☐ DELETE	2.1 TITL	E	į		Change	☐ Addition	١
NAME	DE LA ROCHA, DAVID		22 NA	Æ					
STREET ADDRESS	1109 OKEECHOBEE RD, SUITE	20	2.3 STR	EET ADOR	ESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33401	["] not car		Y-ST-ZIP			☐ Change	Addition	
TITLE	DELETE 31TT		1		ł		TI ANNUAL		1
NAME			32 NA						
STREET ADDRESS				EET ADDR	ESS				
C/TY-ST-Z/P		DELETE	4.1 1111	Y-ST-ZIP	+		☐ Change	Addition	l
TITLE	4.2N		•		ľ				l
NAME: STREET ADORESS			1	EET ADOR!	SS				
1				(-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	51 TITL		_		Change	Addition	1
NAME		-	5.2 NAM						
STREET ADORESS:			5,3 STR	EET ADDRI	ESS				
CITY-ST-ZIP			5.4 CITY	/-\$17- ZIP	(1
TITLE	DELETE 6.1 TI		6.1 TITL	E	_		☐ Change	Addition	
NAME			62 NAM	Æ.	-				ļ
STREET ADDRESS		•	6.3 STR	EET ADOR	ES\$	<u>.</u>	•		1:
		man and the second	BACITY	-S1-7P	- ↓ ·		-		(°

14. 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 appear with an address, with all other like empowered.

SH	CN	AΤſ	IDE: