2055276 OFFICE (Requestor's Name) 900002906489--7 3320 S.W. 87th AVENUE -06/16/99--01056--021 (Address) *****78.75 *****78.75 MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) Walk in Pick up time Certified Copy Certificate of Status Will wait Photocopy Mail out **AMENDMENTS** NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 16, 1999

LAZARUS

MIAMI, FL

SUBJECT: STUDIO 2000 INC. Ref. Number: W99000014094

We have received your document for STUDIO 2000 INC.. However, the document has not been filed and is being returned for the following:

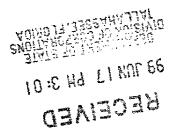
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 799A00032413



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Icorporation.

ARTICLE I NAME

The name of the corporation shall be:

STUDIO 2000 HAIR INC.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8729 SW 24 St/ Coral Way Miami, F1.33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding At any one time is:

\$1,000 (One thousand shares) of one dollars (\$1,00) per value, stocks which shall be designated common shares 50% for each stock holder.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pedro P, Perez 8729 SW 24 St/ Coral Way Miami, Fl 33155

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Pedro P. Perez 8729 SW 24 St/ Coral Way Miami, F1 33155

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

PRESIDENT AND SECRETARY: Pedro P. Perez
VICE PRESIDENT AND TREASURE: Rafael Truiz
8729 SW 24 St/ Coral Way
Miami,Fl 33155

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ___15_____ day of ___June______, 19_99_.

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name and address of the re	gistered agent and office is:
Pedro P. Perez	
	(NAME)
8729 SW 24 ST/ Coral Way	•
/DO DOY N	IOT ACCEPTABLE)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE_

DATE 06-15-9

REGISTERED AGENT FILING FEE: \$35.00