FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(850) 488-9000

APPROVED
AND
FILED

95 MAY 30 AM 10:15

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S17655 (9)

1. Corporate Name

FARZANA BEAUTY SUPPLIES, SALONS AND ACCESSORIES, INC.

Principal Place of Business:
7317 W. COLONIAL DRIVE
ORLANDO FL 32818
US

Mailing Address:
7317 W. COLONIAL DRIVE
ORLANDO FL 32818
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1990

3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-3039034 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Rm.
22

Suite, Apt. # or Rm.
27

5. Certificate of Status (Opens) ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. This corporation was originally organized prior to January 1, 1996.
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HANIF, FARZANA H.
7317 W. COLONIAL DR.
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.0501, 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

(If changing registered agent, this must be signed by the new registered agent) (If changing registered agent without changing address, this must be signed by the registered agent) (Date)

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	HANIF, HAMID	02 NAME	
03 STREET ADDRESS	7317 W. COLONIAL DRIVE	03 STREET ADDRESS	
04 CITY ST ZIP	ORLANDO FL	04 CITY ST ZIP	
05 TITLE	D	05 TITLE	☐ Change ☐ Addition
06 NAME	HANIF, FARZANA H.	06 NAME	
07 STREET ADDRESS	7317 W. COLONIAL DRIVE	07 STREET ADDRESS	
08 CITY ST ZIP	ORLANDO FL	08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I further certify that the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with changes, if any, as an attachment with an address.

SIGNATURE: Hamid Hanif HAMID HANIF - DIRECTOR 5-19-95 (407)578-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060029 CP