FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$28095

(5)

FILED	
May 13 1997 8:00am	l
Secretary of State	

	CO HAIR ASSOCIATES, INC.	Mailing Address			
400 8 DIXIE HALLANDALE F	MY	400 S DIXIE HWY HALLANDALE FL 33009-6331			
				3. Date Incorporated or Qualified 01/29/1991	3a. Date of Last Report 04/18/1996
	Place of Business	26. Mailing Address		4. FFI Number 65-0245053	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	Country 30	8. This corporation has liability for	intangible tax under s. 199.032, ☐ Yes : ☐ No
24]	9. Name and Address of Current	[29] Registered Agent	<u> [30]</u>	Florida Statutes 10. Name and Address of New Re	
	1 W. CYPRESSHEAD DR. KLAND FL 33067		83 Street Add 83 City	tress (P.O. Box Number is Not Acceptat	FL 85 Zip Code
SIGNATURE	Signature, typed or punted name of ografiered agen OFFICE HS AND	DIRECTORS	II. Rogi zen d'Agent's grafun-rog 13.	ared wher (turnstating) ADDITIONS/CHANGES TO OFFIC	
NAME STREET ADDRESS	KAUFFMAN, JOEL 400 S DIXIE HWY	[_] DTLETE	1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS		Change [Addilion
CITY-ST-ZIP	HALLENDALE FL		14 CITY - S1 - 7IP		
TITLE	BORENSTEIN, JULIUS	[] DETETE	2111111		Change Addition
NAME STREET ADDRESS	7111 W. CYPRESSHEAD DR.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		2.4 CITY - S1 - ZIP		
TITLE	V	DELFTE	3.1 1ITH		Change Addition
NAME	BORENSTEIN, PATRICIA		3 × NAME		
STREET ADDRESS	7111 W. CYPRESSHEAD DR.		3.9 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		3.4. CITY ST-ZIP		
TITLE		DELETE	4.1 TillF		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	İ		4.3 STREET ADDRESS		
CITY-ST-ZIP		DETETE	4.4 C/1Y+S1+7/P		Casana Addition
TITLE	1	Ľ1 MILIT	5 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 COLY - ST- ZIP		
TITLE	 	DELETE	61 TILLE		Change Addition
NAME	}		6.2 NAME		
STREET ADORESS	1		6.3 STRELT AUDRESS		
	!				

14. I do hereby certify that the information supplied with this tripg does not graphly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earth; that I am an officer or director of the corporation or tostee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on available threat with an address.