FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:29

DOCUMENT # **S46520** (0)

1. Corporation Name
HAIR FASHION INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
185 VIA MIZNER ROYAL PALM PLAZA BOCA RATON FL 33432	185 VIA MIZNER ROYAL PALM PLAZA BOCA RATON FL 33432

3. Date Incorporated or Qualified: 04/19/1991
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 6237 BAY CLUB DR
Suite Apt. #, etc. (22)
Suite Apt. #, etc. (27): #3 Bldg #3
City & State (23): Fort Lauderdale
City & State (28): Florida
Zip (24): 33308
Country (25): USA
Zip (29)
Country (30)

4. FEI Number: 65-0263591 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARKS, MARIA MARYSIA
4920 HAVERHILL COMMONS CIRCLE 6237 BAY CLUB DR
#27 Suite#3 Bldg #3
WEST PALM BEACH FL 33417 FORT Lauderdale FL 33308

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 Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MARKS, MARIA	12 NAME	MARKS MARYSIA	
STREET ADDRESS	HAVERHILL COMMONS CIR 22	13 STREET ADDRESS	6237 BAY CLUB DR Suite#3 Bldg #3	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE	VP	21 TITLE	V P	☒ Change ☐ Addition
NAME	MARKS, PETER	22 NAME	MARKS SVEN	
STREET ADDRESS	HAVERHILL COMMONS CIR 22	23 STREET ADDRESS	6237 BAY CLUB DR Suite#3 Bldg#3	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	FORT LAUDER DALE FL 33308	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished 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 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 attachment with an address.

SIGNATURE: _____ 01. 13. 95 305-928-0564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260030 CP