FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

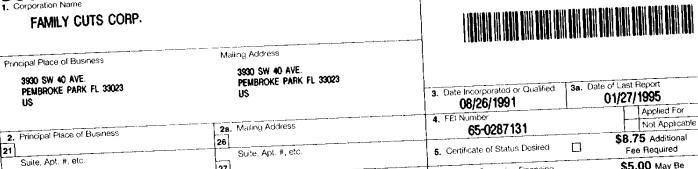
Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

S76080

(8)

FAMILY CUTS CORP.



2. Principal Place of Business	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. City & Stale	City & State		Election Campaign Financing Trust Fund Contribution R. This corporation has liability for	\$5.00 May Be Added to Fees r intangible tax under s 199.032,	
23	29 30	shtry	Florida Statutes Ye Ye 10. Name and Address of New	is LINO	
MEJIA, RAFAEL 1480 NE 161 ST.		82 Street Addre	ess (P.O. Box Number is Not Accept	able)	
N. MIAMI BCH. FL 33162	Decid 607 1508 Florida Statutes, the at	84 City	ration submits this statement for the	FL 85 Zip Code purpose of changing its registered agent. La	office m

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. Thereby accept the appointment as registered agent. I am and accept the obligations of Section 607.0505. Florida Statutes

	agent, or both, in the State of Florida. Si and accept the obligations of, Section 6		Registered Agent signature required s	which remains the sign of the same state of the	12
GNATURE	grature, typeo or printed name of registered a pint and to		13.		Addition
· · · · · · · · · · · · · · · · · · ·	OFFICERS AND DIS	30010na	1 1 TITLE		
LE T	DP	☐ DEFELE	1.2 NAME		
AME .	MEJIA, RAFAEL		1.3 STREET ADDRESS		
REET ADDRESS	1480 NE 161 ST		1.4 CITY - ST - ZIP	Change C	Addition
	N. MIAMI BCH. FL		2 1 TISLE	Change	Modificor
Y-SI-ZIP LE	DST	DELETE	2 2 NAME		
.ME	MEJIA, SONIA		23 STREET ADDRESS		
REFT ADDRESS	1480 NE 161 ST		1		Additio
1	N. MIAMI BCH. FL		2.4 CiTY+ST+ZiP 3.1 TiTLE	Change	Auunik
IY-SI-ZIP		DEFELE			
TLE			3 ? NAME		
AME			33 STREET ADDRESS		Additi
TREET ADDRESS			3 4 C11Y - ST - ZIP 4 1 11TLF	Change C	I Madri
1[Y - S] - ZIP		DECETE	li i		
ITLE			4 2 NAM		
IAME	Į.		4.3 STREET ADDRESS		7 145
STREET ADDRESS			4 4 CITY - ST - ZIP	Change] Add
ITY - ST - ZIP		DELETE	5 1 TITLE		
TITLE .			5 2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5 4 C(T) - S1 - ZIP	Change [□ Add
CITY-ST-ZIF		☐ DELETE	6 1 TITLE		
TITLE			6.2 NAMÉ		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	5 \		64 CITY - ST - ZIP	by for the exemption stated in Section 119.07(3)(k). Florida Statutes	i, I furti

64 CITY-SI-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 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 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 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 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 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 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 under the certific that my signature shall have the same legal effect as if under the certific that my signature shall have the same legal effect as if under the certific that my signature shall have the same legal effect as if under the certific that my signature shall have the same legal effect as if under the certific that my signature shall have the same legal effect as if under the certific that my signature shall have the same legal effect as if under the certific that my signature shall have the same legal effect as if under the certific that my

A PRINTSO NAME OF SIGNING OFFICER OR DIRECTOR