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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08988

(0)

POPULAR HAIRDESIGNS, INC.

Secretary of State

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F 634-5610

FILED

May 08 1998 8:00am

Principal Place of Business Mailing Address				F SERVI MINES MESS SMITS SERVICE SERVI	1 91814 B1911 91911 B1811 B1814 B1911 1891
1338 N.W. 36TH STREET 1338 N.W. 36TH STREET MAMI FL 33142 MIAMI FL 33142				DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified 01/23/1992	
	ace of Business	2a. Mailing Address	2 2 C CA	4. FEI Number	Applied For
21 Suite, Apt.	# oto	26 Suite, Apr. #, etc.	W.35 SA	65-0310169	Not Applicable
22		27		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	28 / Pri	US	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25	20 33142	30 U.S.A.	Personal Property Tax due June	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	gletered Agent
ROSADA, RAUL			81 Name		
1842 N.W. 35TH STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable	le)
MIA	WII FL 33142		83		, ,
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the pr	urpose of changing its registered
agent. I ar	egistered agent, or both, in the Stati m familiar with, and accept the oblic	e of Florida. Such change was au gations of, Section 607.0505, Flor	itnorized by the corporati ida Statutes.	ion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
	Signature typed or printed name of registered ac		Registered Agent signature require		DATE
12.	PD OFFICE.HS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ROSADA, RAUL		1.2 NAME		
STREET ADDRESS	1842 N.W. 35TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP	····	□ Nr. etc	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	**	☐ DELETE	4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE NAME		L'I DEFEIE	6.1 TITLE 6.2 NAME		Change Changing
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby c	ertify that the information supplied v	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes.	further certify that the information
indicated officer or o	on this annual report or supplement director of the corporation or the rec	tal podal report is true and accurate or true of empowered to e	rate and that my signatur xecute this report as requ	re shall have the same legal effect as if uired by Chapter 607, Florida Statutes; a	made under oath; that I am an and that my name appears in