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

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address.

Wilow del Valle

CITY-ST-ZIP

**PROFIT** Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) KARITAS HAIR PRODUCTIONS, INC. Principal Place of Business Mailing Address 181 NAVARRE AVE 181 NAVARRE AVE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/02/1992 2, Principal Place of Business FEI Number 2a. Mailing Address Applied For 65-0328801 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zio 30 24 25 29 10. Name and Address of New Registers 9. Name and Address of Current Registered Agent 81 Name DEL VALLE, ANTONIO **181 NAVARRE AVE** Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 Zip Code 84 City 85 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 registored 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE DEL VALLE, ANTONIO 12 NAME NAME **181 NAVARRE AVE** 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Chance Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

AUTONIO DEL YALLE

3/18/98

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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 supplimental 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

**FILED**