


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

**APPROVED  
AND  
FILED**

1997 JUL -7 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morhart</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V50094**  
 1. Corporation Name  
**LEO HAIR DESIGN, INC**

Principal Place of Business <b>8338 SW 40<sup>th</sup> ST CORAL GABLES FL 33108</b>	Mailing Address
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>SAME</b>	3. Date Incorporated or Qualified <b>7/13/92</b>	3a. Date of Last Report <b>5/01/96</b>
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	4. FEI Number <b>65-0347285</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GARCIA, LEONARDO**  
**11313 SW 74 ST**  
**MIAMI FL 33171**

**10. Name and Address of New Registered Agent**

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 *[Signature]*  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, LEONARDO</b>	
STREET ADDRESS	<b>11313 SW 74 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33171</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, CARMEN LASTRO</b>	
STREET ADDRESS	<b>11313 SW 74 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33171</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>200002236262--6</b>
1.4 CITY-ST-ZIP	<b>-07/11/97--01102--017</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>****165.00</b>
2.3 STREET ADDRESS	<b>****183.00</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* **6/27/97** **305 299 6555**  
 Signature and typed or printed name of signing officer or director Date Day/mon/Year Phone #

CR2E034 (9/96)