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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V71764

Country

9. Name and Address of Current Registered Agent

25

1104 HIDDEN VALLEY WAY WESTON FL 33327

1. Corporation Name

MS TQUE HAIR INC.

Principal Place of Business			
158 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024			

2. Principal Place of Business

HEWETT, TERRY

Suite, Apt. #, etc.

City & State

21

22

23

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

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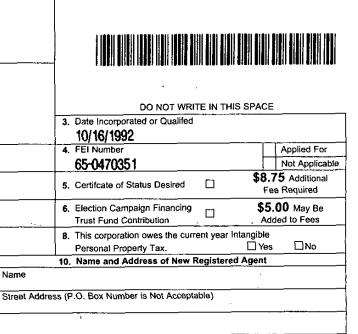
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Zip

158 N. LINIVERSITY DRIVE PEMBROKE PINES FL 33024

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90125 043 ***150.00



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

Country

81 Name

84 City

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	SNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME .	HEWETT, TERRY	1.2 NAME			
STREET ADDRESS	1104 HIDDEN VALLEY WAY	13 STREET ADDRESS	•		
CITY-ST-ZIP	WESTON FL 33327	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	·	2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE	- · . Change Addition		
NAME		3.2 NAME			
STREET ADDRESS	والمنافية المنافية المنافية المنافية المنافية المنافية المنافية	3.3 STREET ADDRESS			
CITY-ST-ZIP	•	3.4. CITY-ST-ZIP	<u> </u>		
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	1		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	. DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME .	•	6.2 NAME			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	6.3 STREET ADDRESS	•		
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
14 Lharoby s	actify that the information supplied with this filing does not qualify for	r the exemption stated in	Section 119 07(3)(i) Florida Statutes, I further certify that the information		

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(1), 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, group an attachment with an address, with all other like empowered.

Zip Code