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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

285701

(9)

FLAIR OF MIAMI, INC.



Principal Place of Business Mailing Address										
1051 E 32N	1051 E 32ND ST									
HIALEAH FL 33013 HIALEAH FL 33013										
						3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1995			•	
2. Principal Pla	ice of Business	2a. Mailing Address 26				4. FEI Number 59-1057207	El Number Applied For			
Suite, Apt. #	f, etc	Suite, Apt. #, etc.	···1			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	rica i			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Ζιρ 24	Country 25	Ζιρ 29	Countr 30	ry 				□No		
	9. Name and Address of Curre	ent Registered Agent		<u>.</u>		10. Name and Address of New R	egistered Ag	ent		
	NITHA HAHAAAA		8	1	Name					
Margoluis, howard w 1051 E. 32ND ST.					Street Add	eet Address (P.O. Box Number is Not Acceptable)				
		8	3							
THACE	NH FL 33013		<u> </u>	_	C4 :				- 0-1-	
			8	4	City		FL	85 Zi	p Code	
12. TITLÉ	Signature, byoed or printed name of registered ag- OFFICERS A	ND DIFFECTORS T DELETE	13.		Sult at the technic	ADDITIONS/CHANGES TO OFF	The second of the commence of the second		DRS IN 12	
	Р							Change	Addition	
NAME STREET AOORESS	MARGOLUIS, HOWARD W 11225 S W 112TH ST		1.2 NAM: 1.3 STRE		unnocce					
CITY - ST - ZIP	MIAMI FL		1.4 C/TY							
TITLE	V	[] DELFTE	2 1 7111		211			Change	Addition	
NAME	SOTO, EULOGIO		2.2 NAM	Ļ						
STREET ADDRESS	122621 RAMIRO STREET		23 STRE	FT#	ADDRESS					
CITY - ST - ZIP	CORAL GABLES FL	E3 bo tv	2 4 C:TY		- Z P			C		
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CITY - ST - ZIP			3.4 CI'Y							
TITLE		DELETE	4 1 TiTu					Change	Modified [
NAME			4.2 NAM	E.						
STREET ADDRESS			4 3 STRE	E a	ADDRESS					
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TITLE		☐ DETELE	5 1 Hild				L	Change	Addition	
NAME			5 2 NAMI		A DISSIE DE					
STREET ADDRESS			53STHE							
CITY - ST - ZIP TITLE		DELETE	5.4 CITY 6.1 TiTu		-ZIP			Change	Addit an	
NAME			6.2 NAM				٠			
STREET ADDRESS			63 STRE		ADDRESS					
CITY-ST-ZIP			64 CITY							
										

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 oath, that I am an officer or director of the corpolation or the receiver or trustset empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 // changed, or or a altary injent, with an advices.

SIGNATURE:

NG OFFICER OR DIRECTOR

4/29/96 (305) 835-2744

CR2E034 (12/95)