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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporatio	MENT # P9500 NIE'S UNISEX HAIR, INC.	0090901 (6	3)			
INIECAI	NIE S UNISEA MAIN, INC.				A HARAFADA AND HARAF DENNI JARRO DANIA R	TIN APNA MAN ACNA MAN AND MAN MAN
Principal Place	e of Business	Mailing Address				
14075 N.W. 5TH PLACE		14075 N.W. 5TH PLACE				
MIAMI FL 33	3168	MIAMI FL 33168				
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			11/28/1995 4, FEI Number	LAnglind For
21 550	9 N.W. 7m aganul	26			65-0664391	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	٠	City & State		6 Flooting Convenien Classics	Fee Required	
23	Mami ,PL	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 23	127 Country	Zip	Country	/	8. This corporation has liability for int	tangible tax under s. 199.032,
24 23	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes Yes	
•	o. The same state of the same	riegistereo Agent	81	Nanie	10. Name and Address of New Reg	gistered Agent
DAMO MELANIC I						
14075 N.W. 5TH PLACE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	}
, MIAMI F	FL 33168		83]		
			84	City		85 Zip Code
1 y Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	oc the above	l	pration submits this statement for the purpo	FL
or register familiar wi	red agent, or both, in the State of Floridi th, and accept the obligations of Section	a. Such change was authorizen 607 0505. Florida Statutor	ed by the corp	poration's bo	pration submits this statement for the purpo and of directors. Thereby accept the appoin	osé of changing its registered office atment as registered agent. I am
SIGNATURE	, , so	or cortoboo, Florida Statutes	٠,			
12.	Signature, typed or printed name of registerest agent a			nt signatura requir	nd which reinstating)	DATE
TITLE	OFFICERS AND DIRECTORS P		13.		ADDITIONS/CHANGES TO OFFICE	
NAME	DAVIS, MELANIE		1.2 NAME			Change Addition
STREET ADDRESS	14075 N.W. 5TH PLACE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		14 CITY- S	ST - 71P		
TITLE	T DELETE		2 1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS	DAVIS, WILLIAM H 14075 N.W. 5TH PLACE		2.2 NAME			
CHY-ST-ZIP	MIAMI FL 33168		2 3 STREET 2 4 OTTY - 9			
TITLE	S	☐ DELETE		51 · ZIP		Change Addition
NAME	JONES, KAREN J		3.2 NAME	, l		C Survige C Modified
STREET ADDRESS	710 N.W. 176 TERRANCE		33 STREE	T ADDRESS		
CHY-ST-ZIP	MIAMI FL 33356	E) busts	3.4 CITY - 5	37 - ZIP		
TITLE NAME		DELETE	4 1 Title			Change Addition
STREET ADDRESS			4.2 NAME	LEBRESON		
CITY - ST - ZIP			4.3 STREET	1		
TITLE		DELETE	4.4 C(TY-ST-ZIP 5.1 T(ILE		50000185 -06/06/960110	Change Addition
NAME			5.2 NAME		***208.75	0055
STREET ADDRESS			5.3 STREET	ADDRESS	***£UO. (3	
CITY-ST-7IP			5.4 CITY - S	T- ZIP		
TITLE NAME		☐ DELETE	6 1 TITLE			Change Addition
STREET ADDRESS			6.2 NAME	1000000		55 6.5.46
CITY-ST-ZIP			6.3 STREET 6.4 City-S			۵ , ۸, ۵
			0.40011.2	: 1:11		

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 logal 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:

Mediand yours

May 28, F1916 Daysing Proces

CR2E034 (12/95)