


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000025814**
 1. Corporation Name
ILUSION UNISEX BEAUTY SALON, CORP. ✓



Principal Place of Business: 27 EAST 49TH ST. HIALEAH FL 33013
 Mailing Address: 327 EAST 49TH ST. HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1998**

4. FEI Number: **EIN 650820879**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent:
BARRIOS, MARIA M
327 EAST 49TH ST.
HIALEAH FL 33013

10. Name and Address of New Registered Agent:
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL** 85 Zip Code

I, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD <input type="checkbox"/> DELETE BARRIOS, MARIA M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE	8947 N.W. 121ST ST.	1.2 NAME	
Y-ST-ZIP	HIALEAH GARDENS FL 33018	1.3 STREET ADDRESS	
LE	VD <input type="checkbox"/> DELETE BARRIOS, GRICEL	1.4 CITY-ST-ZIP	
EE	8947 N.W. 121ST ST.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Y-ST-ZIP	HIALEAH GARDENS FL 33018	2.2 NAME	
LE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
EE		2.4 CITY-ST-ZIP	
Y-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE	<input type="checkbox"/> DELETE	3.2 NAME	
EE		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		4.2 NAME	
Y-ST-ZIP		4.3 STREET ADDRESS	
LE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
EE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Y-ST-ZIP		5.2 NAME	
LE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
EE		5.4 CITY-ST-ZIP	
Y-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE	<input type="checkbox"/> DELETE	6.2 NAME	
EE		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNRECORDED

CR2E034 (5/99)

6/30/99

583423-90016-9

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From: Illusion Unisex Beauty Salon, Corp.
327 E. 49 ST.
HiAteah FL 33013

To Whom it may concern:

I received a second notice about filing a corporation. Last year I filed my corporation. I paid for the fee, but I did not know that that filing fee has to be paid every year. Until I got on the mail the second notice. Due to the fact that I never received a first notice about this matter. I apologize for this. And please give me an opportunity only for this time to pay only \$150.00 because I never receive the first paper and I did not know about the filling of this paper & fees. Thanking you in Advance.