


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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 624654 (0) 1. Corporation Name Miami Beach Unisex Beauty School, Inc.			
Principal Place of Business 529-537 East 9th Street Hialeah, FL 33010		Mailing Address Same	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 07/10/1979		3a. Date of Last Report 05/01/1995	
4. FEI Number 59-2053532		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Shihada, Hasan 529-537 East 9th Street Hialeah, Florida 33010		10. Name and Address of New Registered Agent 81 Name Alvarez, Carlos 82 Street Address (P.O. Box Number is Not Acceptable) 529-537 East 9th Street 83 84 City Hialeah FL 85 33010	
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 <i>Carlos Alvarez</i> President/Treasurer DATE 4-14-97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P 1.2 NAME Shihada, Hasan 1.3 STREET ADDRESS 1080 West Third Avenue, #16 1.4 CITY-ST-ZIP Hialeah, Florida	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Carlos L. Alvarez 1.3 STREET ADDRESS 8216 West Flagler Street 1.4 CITY-ST-ZIP Miami, FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE VP 2.2 NAME Shihada, David 2.3 STREET ADDRESS 939 S.W. 87th Avenue 2.4 CITY-ST-ZIP Miami, Florida	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Elena Alvarez 2.3 STREET ADDRESS 8216 West Flagler Street 2.4 CITY-ST-ZIP Miami, Florida 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Elena A. Alvarez</i> Secretary DATE 4-14-97 <small>Signature and typed or printed name of signing officer or director</small>			

CR2E034 (9/96)