


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90014 014 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F07273</b> 1. Corporation Name <b>CUTS...PLUS UNISEX, INC.</b>					
Principal Place of Business <b>%GLADYS DIAZ</b> <b>8756 BIRD ROAD</b> <b>MIAMI FL 33165</b>			Mailing Address <b>%GLADYS DIAZ</b> <b>8756 BIRD ROAD</b> <b>MIAMI FL 33165</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21 ANDRES M. BASTON</b>		2a. Mailing Address <b>26 ANDRES M. BASTON</b>		3. Date Incorporated or Qualified <b>12/01/1980</b>	
Suite, Apt. #, etc. <b>22 8756 BIRD ROAD</b>		Suite, Apt. #, etc. <b>27 8756 BIRD ROAD</b>		4. FEI Number <b>59-2046679</b>	
City & State <b>23 MIAMI FL.</b>		City & State <b>28 MIAMI FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33165</b>		Zip <b>29 33165</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 DADE</b>		Country <b>30 DADE</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DIAZ, GLADYS N.</b> <b>8756 BIRD ROAD</b> <b>MIAMI FL 33165</b>			10. Name and Address of New Registered Agent <b>81 Name ANDRES M. BASTON</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 8756 BIRD ROAD</b> <b>83</b> <b>84 City MIAMI FL 85 Zip Code 33165</b>		
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>Andres M. Baston</i> DATE <i>April 10, 1999</i> <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>PD BASTON, ANDRES M.</b> STREET ADDRESS <b>8756 BIRD ROAD</b> CITY-ST-ZIP <b>MIAMI FL 33165</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>VSD BASTON, ESTRELLA</b> STREET ADDRESS <b>8756 BIRD ROAD</b> CITY-ST-ZIP <b>MIAMI FL 33165</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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, with all other like empowered.

SIGNATURE: *Andres M. Baston* **ANDRES M. BASTON Pres. 2/16/99 305-226-1443**  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (11/98)