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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (1)DOCUMENT # 1. Corporation Name

ILLUSION HAIR DESIGN & UNISEX, INC.											
Principal Place of	of Business	Mait	ing Address				a tobalbalt sie tiden breek guerr pir	5 1 5 1 5 1 5 1 5 1 5	*** #18** WIBE! #(B!		
C/O FELICI 4656 N.W. 1	C/O FELICITA MARII 4656 N.W. 183RD ST	Г.									
CAROL CIT	Y FL 33055		CAROL CITY FL 33055			3. Date incorporated or Qualified 3a. Date of Last Report 02/05/1986 04/27/1995			oort 95		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For 59-2648636 Not Applied For				
21		26	Suite. Apt. #, etc			<u>-</u>				Additional	
Suite, Apt #	, etc.	27	٦			5. Certificate of Status Desired			equired		
City & State			Oity & State			6. Election Campaign Financing			May Be		
23		28					Trust Fund Contribution			to Fees	
Zιρ	Country	h	Zψ	Count	ŀy		8. This corporation has liability for Florida Statutes Yes	intangibli 		199.032,	
24	9. Name and Address of Cur	[29]	ered Agent	30			10. Name and Address of New F				
	9. Name and Address of Our	Tent negist	crea rigon	E	31	Name					
OJEDA, RICARDO					32	Street Addr	iss (P.O. Box Number is Not Acceptable)				
	IE 136 ST #405				83				- 		
MAM	FL 33181										
				8	34	City			85 Zip	Code	
44 Discount t	a tua provisions of Sections 607.0	S02 and 607	1508, Florida Statut	tes the above	L e-n:	anied corpo	ration submits this statement for the purify of directors. Thereby accept the app	ronse of	changing its re	gistered office	
12 ,	Similar Madikiran tersik dangalarat OFFICERS PD	AND DIFIEC		13. 1 1 Til	LE.		ADDITIONS/CHANGES TO OF	ICERS A	AND DIRECTOR Change	RS IN 12 Addition	
NAME	OJEDA, RICARDO				Mξ						
STREET ADDRESS	5180 NW 7 ST 707					ADDRESS					
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NAME STREET ADDRESS						ADDRESS					
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STREET ADDRESS				444		7 ZIP					
CITY - ST - ZIP TITLE			DELETE	5	.ŧ				Change	Addition	
NAME				5.25	ME						
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NAME						ł					
					ME CC	4/11/05/02					
STREET ADDRESS CITY-ST-ZIF					∙E E 1	ADURESS i1 - ZiP					

14. Tob hereby certify that the information supplied with this filing is vountarily furnished actions quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on trus annual report or supplemental annual report true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changes), or on an attachment with an address. TO THE OF PRINCED NAME OF SIGNING OFFICER OR DIRE

624-1266

SIGNATURE: