

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M53829 (1)

1. Corporation Name

MICHELLE UNISEX BEAUTY SALON, INC.



Principal Place of Business

Mailing Address

**130 S.E. FIRST AVENUE
MIAMI FL 33131**

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MIAMI FL 33131**

3. Date Incorporated or Qualified

06/12/1987

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2814823

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

Yes No

24

Country

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREYRE, NELIDA
130 S.E. 1ST AVENUE
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

Change Addition

NAME **D ELIAS, NORMA**
STREET ADDRESS **33 S.W. 20TH AVE.**
CITY - ST - ZIP **MIAMI FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE DELETE

Change Addition

NAME **D FREYRE, NELIDA**
STREET ADDRESS **10204 S.W. 26TH TERR.**
CITY - ST - ZIP **MIAMI FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE DELETE

Change Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE DELETE

Change Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE DELETE

Change Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DELETE

Change Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 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 617, 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

DATE

REGISTERED AGENT

CR2E034 (3/96)