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

FILED Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # M72343 (0)GALLERY UNISEX BEAUTY SALON, INC. Principal Place of Business Mailing Address 17604 COLLINS AVE 17604 COLLINS AVE MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3- Date Incorporated or Qualified 03/10/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 65-0064492 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MAYA, ANA M. **231 174TH STREET** 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33160 83 84 City Zip Code 85 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 title if applicable (NO16: Registered Agent signature required when reinstating) 10/9/ 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition **ESTENOZ, LUIS** NAME 1.2 NAME 301 174 ST. #2305 1.3 STREET ADDRESS STREET ADORESS N. MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE MAYA, ANA M. 2.2 NAME 301 174 ST. #2305 STREET ADDRESS 2.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE ■ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

14. I hereby certify that the information supplied with this filling 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

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP