SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT -> " CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90006 016 ***150.00

DOCUMENT # M74701					
HAIRMASTER'S UNISEX SALON, INC.					ATAN PORN ATAN ANDN BORN ANDN YARK
Principal Place of Business Mailing Address 7188 SOUTH FEDERAL HIGHWAY, #2 7188 SOUTH FEDERAL HIGHWAY. #2					
PORT ST. LUC	FEDERAL HIGHWAY, #2 IE FL 34952	PORT ST. LUCIE FL 34952		DO NOT WRITE IN T	HIS SPACE
		T-10-10-10-10-10-10-10-10-10-10-10-10-10-		3. Date Incorporated or Qualified 03/31/1988	Applied For
2. Principal Pl	ace of Business	2a. Mailing Address		65-00 39337 65-08919	Not Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.		00 0000001 10 7 00 4	\$8.75 Additional
22	r, d.c.	27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ar
24	25	29	30	Intangible Personal Property.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent
6008 SPRUCE DR 82 Street Addr				dress (P.O. Box Number is Not Acceptable)	
FORT PIERCE FL 34982			83		
84 Sity A 5 X Y				5+4115-2	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 application with, and accept he obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DELETE		D by DeColor	Change Addition
NAME	Parra, Nelly		1.2 NAME	MEN PROCESS N /	
STREET ADDRESS	7188 SOUTH FEDERAL HWY.	#2	1.3 STREET ADDRESS	144 STE 1460.	};
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	/	1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE	Describe	Change Addition
NAME	Parra, Luis	/	2.2 NAME	ALTI Decate for	
STREET ADDRESS	7188 SOUTH FEDERAL HWY.	#2	2.3 STREET ADDRESS	415 5/4 100000	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	····	2.4 CITY-ST-ZIP	north Desous 1155/a Rudr In 175x Lucie, Il 3498	
TITLE		DELETE	3.111166	·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		\
CITY-ST-Z/P			3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		☐ DELETE	4.2 NAME		Change Z Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	-		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADORESS			5.3 STREET ADDRESS	1	1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	· ·····	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ļ

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 is charged, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

M74701 582930-90006-16