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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

**DIVISION OF CORPORATIONS** P93000046536 (7) **DOCUMENT #** 

BLACK PEARL UNISEX, INC.

Principal Place of Business

Mailing Address

2988 NW 55TH AVE

2988 NW 55TH AVE



LAUDERHILL FL 33313			LAUDERHILL FL 33313					
							3. Date Incorporated or Qualified 06/25/1993	3a. Date of Last Report 06/02/1995
2. Principal Pla	ace of Busines	SS	2a. Mailing Ad	ddress			4. FEI Number	Applied For
21	77 76-777 111	u,	26				65-0429401	Not Applicable
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22			27				C. Collection of Billian Bossion	Fee Required
City & State			F	City & State			6. Election Campaign Financing	\$5.00 May Be
23			28				Trust Fund Contribution	Added to Fees
Zip	-	Country	Zipi Carri	<u> </u>	Country		8. This corporation has liability for i	
24		sind Address of Curr	29	30	0		Florida Statutes Yes	
	y, Name o	illa Address Of Curr	elli negistered Agei	nt	81	Name	10. Name and Address of New R	egistered Agent
244		•			"	INGILIE		
	R, DOLVIS M			82		Street /	Address (P.O. Box Number is Not Acceptab	le)
2988 NW 55TH AVE Lauderhill FL 33313					83			
LAUUEH	HILL FL 333	313			63			
					84	City		85 Zip Code
41 Ourseport	to the east late		00	555 BETTE		l		PL
or register	ed agent, or c	ns of Sections 607.05 both, in the State of Fig the obligations of, Se	anda. Such change w	as authorized r	ne above- by the corp	named co oration's	rporation submits this statement for the pur board of directors. Thereby accept the appo	pose of changing its registered offic bintment as registered agent. I am
SIGNATURE .	Skijnature, typed o	ponted came of registered age	ont and Stephan college	க்கர் <b>ப</b> ்டி	ogistere LAge	if signature re	apured where readstalogy	CIATE
12.	<b>.</b>	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	D		[]] (	DELETE	1.1 DISE			Change Addition
NAME		, DOLVIS M			1.2 NAME			
STREET ADDRESS	1	55TH AVE			1.3 STREES	ADDRESS		
CHTY - ST - ZIP	LAUDERI	HLL FL 33313			14 GBY - 9	1 - ZIP		
TITLE			c	DELETE	2 1 TITLE			Change Addition
NAME					2.2 NAME			
STREET ADDRESS					23 STREET	ADDRESS		
CITY - ST - ZIP					24 CITY - 9	7 - ZIP		
TITLE				DELETE	3 1 TITLE			Change Addition
NAME					3.2 NAME			
STREET ADDRESS					3.3 STHEE	ADDRESS		
CHY+ST-ZiP					3.4 C+TY - S	I - ZiP		
TITLE				)ELETE	4 1 TITLE			Change Addition
NAME					4.2 NAM:			
STREET ADDRESS					4.3 STREET	ADDRESS 1		
CITY - ST - ZiP		<del></del>	· · · · · · · · · · · · · · · · · · ·		4.4 City - S	1 - ZiF		
TITLE			[] c	DELETE	5 1 THTLE			Change Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREET	ADDRESS		
CITY - ST - ZIP					5.4 CHTY - 9	Γ · Z F'		
TITLE				EL <b>E</b> 1E	6 1 TITLE			Change Addition
NAME					6.2 NAME			
STREET ADDRESS					6.3 STHEET	ADDRESS		
ČITY - ST - ZIP					6.4 CITY - 9	1 - 206		
14. I do hereb	y certify that the	ne information supplies	d with this filing is volu	intarily fornishe	d and doe	s not qua	ify for the exemption stated in Section 119.	07(3)(k) Florida Statutes I further

certify that the information indicated on this arrival report or supplemental and does not qualify for the exemption stated in Section 119.07(3)(8). Florida Statutes, 1 furner certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the opportance 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 phapter for an attachment with an address on an attachment with an address

SIGNATURE:

954 484 5705