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SECOND NOTICE: CORPORAT				
AMOUNT DUE ON OR BEFORE 8/1/96:	\$225 (IF DISSOLVED	, MINIMUM AMOUNT	DUE TO REINSTATE: \$375.)	į
DDOCIT	and the same			_

PROFIT CORPORATION ANNUAL REPORT

1996



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

22

City & State

P93000056530 (7)

27

## UNIQUE PET SALON CORPORATION

Principal Place of Business Mailing Address 11300 NW 87TH CT #106 11300 NW 87TH CT #106 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 3. Date Incorporated or Qualified 08/12/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 21 26 65-0429894 Suite, Apt #, etc Suite, Apt #, etc.

City & State

23 28 Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent GRACIELA. ALBRIGHT 1870 N.E. 182 ST. N. MIAMI BEACH FL 33162

		ree nequireu
	Election Campaign Fine Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,
untry	This corporation has lia Florida Statutes	iability for intangible tax under s 199.032, Yes No
1	10. Name and Address o	of New Registered Agent
81	Name	
82	Street Address (P.O. Box Number is Not	Acceptable)
83		
84	City	85 Zip Code

5. Certificate of Status Desired

Date of Last Report

05/01/1995

Applied For

\$8.75 Additional

Not Applicable

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. Thereby accept the appointment as registered

Co

agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes	
SIGNATURE	

(NOTE Registered Agent signature required when reinstating): DATE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TIFLE ALBRIGHT GRACIELA ALBRIGHT, GRACIELA NAME 1.2 NAME 11300 N.W 87ct. 2606 WHALE HARBOUR LN STREET ADDRESS 13 STREET ADDRESS FT LAUDERDALE FL 33312 HIALEAN FL 33016 CITY-ST-2IP 1 4 CHTY - ST - ZIP LEVINSON ROSSANA 100 2210 SW 50 Terrace TITLE DV DELETE 2.1 TITLE RUIZ, ROXANA 2.2 NAME NAME STREET ADDRESS 2606 WHALE HARBOUR LN 2.3 STREET ADDRESS FTJauderale H. 33317 FT LAUDERDALE FL 33312 CITY-ST-ZIP 2 4 CITY - ST - ZiP DELETE Change Addition 3.1 THILE TITLE - GABINO, ENEDINA NAME 32 NAME - PROG. WHALE HARBOUR IN: STREET ADDRESS 3.3 STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY - ST - ZIP CITY - ST - ZIP DELETE 5 1 TILLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 A CUTY - ST- 7IP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and doos 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 office 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:

7-25-96 /305)822-4044

(36/8)CR2E034