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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90014 036 ***158.75

DOCUMENT # P 94000032635 (2)

1. Corporation Name
FANTASY UNISEX, INC.

Principal Place of Business
7287 West Flagler St.
Miami, Fl/ 33144

Mailing Address
7287 W. Flagler St.
Miami, Fl. 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994
4. FEI Number: 65-0498662 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☑ No

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26
27 Suite, Apt # etc
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
VAZQUEZ, MANUEL
4308 SW 8 St.
Miami, Fl. 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7287 W. Flagler St.
83
84 City: Florida Miami FL
85 Zip Code: 33144

11. Pursuant to the provisions of Sections 607.1502 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: *Manuel Vazquez*
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	Vazquez, Manuel
STREET ADDRESS	8517 NW 7 St. Apt.306
CITY-ST-ZIP	Miama, Fl. 33126
TITLE	SVD
NAME	Vazquez, Mildred
STREET ADDRESS	8517 NW 7 Street Apt.306
CITY-ST-ZIP	Miami, Fl. 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	7287 West Flagler St. Miami 33144	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	7287 West Flagler St.	
3.4 CITY-ST-ZIP	Miami, Fl. 33144	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel Vazquez* Manuel Vazquez — 305-265-4393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #