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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

**SIGNATURE:** 

DOCUMENT # P9400068027 (9)

CARY UNISEX, INC.

Principal Place of Business	Mailing Address	18411901 110 (811) 81911 9811 9811 9811	L OBENIO BONON KONIN BONIN HIBIK (DON HI					
BSO EAST 41ST STREET HIALEAH FL 33012	858 EAST 41ST STREET HIALEAH FL 33013-2455							
		3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 06/19/1996					
2. Principal Place of Business	2a. Mailing Address 26	4. FEI Number 65-0524822	Applied Not App					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Certificate of Status Desired	\$8.75 Addition					
City & State	City & State	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Added to Fee					

**FILED** Jan 28 1997 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

305-691-3336

Zφ	Country	Z:p	Cou	ountry		8. This corporation has liability for intangible tax under s. 199.					
24	25	29	30			Florida Statutes Yes No					
	9. Name and Address of Current I	Registered Agent			··-	10. Name and Address of New Reg	stered A	gent			
	ra, oscar			B1	Name	•					
858 EAST 41ST STREET				82	Street Addr	ess (P.O. Box Number is Not Acceptable	1)				
HIALEAH FL 33012			ļ		ļ		,				
				83							
			ŀ	84	City			85	Zip C	ode	
					0,		FL	"	2,50		
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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.											
SIGNATURE			TO D				0470				
12.	Signature, type dior printed name of registered agents  OFFICERS AND 1		13.	a Age	int signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE BS AND	DIRE	CTORS	S IN 12	
Tille	D OFFICERS AND I	DELETE	1.1 10	T(F		ADDITIONS/OFFAIGES TO OFFICE	INO AND	Ch		Addition	
NAME	RIVERA, OSCAR		1.2 N/								
STREET ADORESS	9897 NW 123RD STREET				ADDRESS						
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		1		ST-ZIP						
THILE	D	DELETE	21 TI					☐ Ch	ange	☐ Addition	
NAME	RIVERA, MYRNA	_	2.2 N/						•		
STHEET ACORESS	9897 NW 123RD STREET				ADDRESS						
C TY - ST - Z/P	HIALEAH GARDENS FL 33018		2.0 2.		ST-ZIP		V.,				
TITLE		DELETE	3.1 10					Ch	ange	Addition	
NAME			3.2 N/	AME							
STREET ADDRESS			3.3 \$1	REET	ADDRESS						
C(1) (-S) - Z(P			3.4 C	ITY-S	ST-ZIP						
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NAMÉ			4. 2 N	AME							
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CITY - ST - ZIP			4.4 CI	ITY - S	ST-ZIP						
THEF		DELETE	5 1 TI	TLE				Ch	ange	Addition	
NAME			52 N/	AME							
STHEET ADDRESS			5351	REET	ADDRESS					į	
CITY ST-ZIP			540	TY-S	ST-ZIP						
TIFLE		☐ DELETE	61 T	TLE				☐ Ch	ange	Addition	
NAME			6.2 N/	AME						ļ	
STREET ADDRESS			6.3 \$1	TREET	T ADDRESS						
CITY-ST-ZIP				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ST-ZIP						
14. I do hereby certify it at 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter from an attachment with an address.											