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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 11 1998 8:00am Secretary of State

1. Corporatio	J UNISEX SALONS, INC.	065559 (3)			
Principal Place of Business Mailing Address 3634 GRAND AVENUE 3634 GRAND AVENUE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1995	
2. Principal P	lace of Business B Grand Ave,	2a. Mailing Address 26 3648 Gra	nd Are.	4. FEI Number 65-0604829	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	PI.	6. Election Campaign Financing	\$5.00 May Be
Zip 0	3133 25 U.S. A	Žip Angana i	Country U.S.A.	Trust Fund Contribution This corporation owes or has paid the contribution	Added to Fees current year Intangible Yes No
24 5	9. Name and Address of Current			Personal Property Tax due June 30. 10. Name and Address of New Registered	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the			83 84 City	ess (P.O. Box Number is Not Acceptable) Foration submits this statement for the purpose	- ' '
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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					
12.	Signature: typed or prested name of registered agent OFFICERS AND		Registered Agent signature require 13.	ad when reinslating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD PSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HAFIDH, JULIA LINDSAY		1.2 NAME		
STREET ADDRESS	3634 GRAND AVENUE		1.3 STREET ADDRESS		[8
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY+ST+ZIP		
TITLE	TD	DELETE	2.1 TITLE		Change Addition
NAME	ASHCRAFT, DARLENE G		2.2 NAME		
STREET ADDRESS	3634 GRAND AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133	DELETE	2. 4 City - ST - ZIP 3.1 Title		Change Addition
NAME		Doctor	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZI₽			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITL€		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME			62 NAME		C CHANGE C PARTICULAR
STREET ADDRESS	•		6.3 STREET ADDRESS	•	
CITY-ST-ZIP	,		6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with on this annual report or supplied contail.	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further to shall have the same legal effect as if made	certify that the information under eath; that I am an

officer or director of the corporation or the flexible and a report is true and a required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.