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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090901 (6)

MELANIE'S UNISEX HAIR, INC.

## **FILED** Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
5500 NW 7TH AVE MIAMI FL 33127		5509 NW 7TH AVE MIAMI FL 33127		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	OF AGE
				11/28/1995	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		28 5509 N.W.	Thorong	65-0670341	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		- nonco		\$8.75 Additional	
22 Miani FU		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23 33127		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29 3	10	Under the control of	Yes No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent					
DAVIS, MELANIE J			81 Name		
14075 N.W. 5TH PLACE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33168					
			į <mark> 83</mark>		
			84 City	FL	85 Zip Code
44 5	40-1	and COZ 1500. Florido Ctatutos	the above period ser		
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 Signature, typed or printed name of registered agent and title (lappticable) (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	DAVIS, MELANIE		1.2 NAME		
STREET ADDRESS	14075 N.W. 5TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		1.4 City-St-ZIP		
TITLE	T	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, WILLIAM H		2.2 NAME		
STREET ADDRESS	14075 N.W. 5TH PLACE		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		2. 4 CITY-ST-ZIP		
TITLE	8	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, KAREN J		3.2 NAME		
STREET ADDRESS	710 N.W. 176 TERRANCE		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33356		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 TITLE		Changh C Addition
NAME			5.2 NAME		ا ځلې
STREET ADDRESS			5.3 STREET ADORESS		.20
CITY-ST-ZIP			5.4 CITY-ST-ZIP	the state of the s	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
TITLE		DELETE	6.1 TITLE	9000024175 -01/30/98010760 ***158.75	☐ Change ☐ Addition
NAME			6.2 NAME	-01/30/38010/60	iir-
STREET ADDRESS			6.3 STREET ADDRESS	***158。(5	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the informatic 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.

CIGNATURE.

Molomio Canas