

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

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P96000013578 (5)**

**1. Corporation Name  
VIVIAN UNISEX INC.**



**Principal Place of Business Mailing Address  
8465 SW 46 ST. MIAMI FL 33155 8465 SW 46 ST. MIAMI FL 33155-4106**

**3. Date Incorporated or Qualified 02/13/1996 3a. Date of Last Report**

**2. Principal Place of Business 21 11369 SW 40 ST MIAMI, FL 33165-4420 26**

**4. FEI Number 65-0642686 Applied For Not Applicable**

**22 Suite, Apt. #, etc. 27**

**5. Certificate of Status Desired \$8.75 Additional Fee Required**

**23 City & State MIAMI FL 28**

**6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees**

**24 Zip 33165-4420 25 Country DADE 29 30**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CORONADO, NESTOR  
7360 CORAL WAY, STE. 21  
MIAMI FL 33155**

**81 Name PEDRO MORENO  
82 Street Address (P.O. Box Number is Not Acceptable) 8465 SW 46 ST  
83  
84 City MIAMI FL 85 Zip Code 33155**

**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 PEDRO MORENO 1/27/97**  
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MORENO, PEDRO G	
STREET ADDRESS	8465 SW 46 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORENO, VIVIAN M	
STREET ADDRESS	8465 SW 46 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MORENO, YANAK	
STREET ADDRESS	8465 SW 46 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14. I do 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 the signature is on an attachment with an address.**

**SIGNATURE: PEDRO MORENO 1/27/97 237-3551**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)