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

PROFIT CORPORATION ANNUAL REPORT 1997



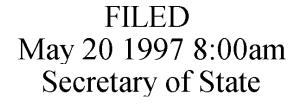
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101812 (1)

REINA'S UNISEX HAIR DESIGNS, INC.





12/16/1996	3a. Date of Last	
12/16/1996	Sa Date of Last	
	va, bate of East	t Report
2. Principal Place of Business 2e, Mailing Address 4. FEI Number		Applied For
26 65-0723554		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		Additional Regulred
22 27		
28 Trust Fund Contribution		May Be ed to Fees
Zip Country Zip Country 8. This corporation has liability for intan		r s. 199.032,
	es 🗌 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	tered Agent	
CYPEN, MYLES G		
825 ARTHUR GODFREY ROAD 82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33140		
84 City	FL 85 Z	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose.		a 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ne appointment i	as registered
SIGNATURE Stgnature, typed or pointed name of registered agent and tise if applicable (NOT: Registered Agent signature required when reinstating) D.	DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TIRLE PSD DELETE 1.1 TIRLE	☐ Chang	e Addition
NAME ALVAREZ, REINA 12 NAME		
STREET ADDRESS 12731 SW 63RD CRICLE TERR 1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33183 14 CITY-ST-ZIP		····
TITLE DELETE 21 TITLE	L Chang	e Addition
NAME 2.2 NAME		
STREET ADDRESS 2.3 STIRLI I ADDRESS		
CITY-ST-ZIP	☐ Chang	e Addition
	L chang	c L Augmbn
NAME 3.2 NAME		
STREET ADDRESS 3.3 STREET ADDRESS		
CITY-S1-ZIP	☐ Chang	e Addition
NAME 4.2 NAME	L_ Johnny	io final final figure
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP	☐ Chang	e Addition
NAME 52 NAME		,
STREET ADDRESS 5.3 BIREET ADDRESS		
5.3.5 IRECT ADDRESS OTY-ST-2IP 5.4 DITY-S1-7IP		
TITLE DELETE 6.1 TITLE	☐ Chang	e Addition
NAME 62 NAME	Chang	
STREET ADDRESS 63 STREET ADDRESS		
5 INTEL AUDITOS		

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 changed, or on an attachment with an address.

5/18/94