## 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 04 1998 8:00am

Secretary of State

R ANNOUND AND ROCKE RUNGE WEIGH ANDRE ROLLE BALLE HANDE HAND DEINE HALLE HAND REINE HALL

## DOCUMENT # P97000071383 (8)

CAPELLO UNISEX BEAUTY CENTER. INC.

Principal Place	of Business	Mailing Addr	ess		C sådinås sin inter (nner dater dater	#### #################################
621 SW 57TH AVE.         621 SW 57TH A           MIAMI FL 33184         MIAMI FL 33184					DO NOT WRI	TE IN THIS SPACE
					3. Date Incorporated or Qualified 08/18/1997	
2. Principal Pl	ace of Business	2a. Mailing A	ddress		4. FEI Number	Applied For
21		26			65-0789003	Not Applicable
Suite, Apt.	₩, etc.	Suite, Apl	#, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			C. Solumbato of States Source	Fee Required
Crty & State		City & Sta	te		6. Election Campaign Financing	\$5.00 May Be
23	Country	28		No. untru	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	ļ <b>.</b>	Country	8. This corporation owes or has p	
24	9. Name and Address of Curre	nt Registered Age	30	<del></del>	Personal Property Tax due Jur  10. Name and Address of New F	
CH	AO, MIREYA E	itt riegisteled Age		81 Name		
	110 SW 168TH ST.				CHOW, MIREYA E	
MAMI FL 33177				<b>82</b>   Street	: Address (P.O. Box Number is Not Accept	able)
· With	WII FL 33177			83	14510 S.W. 168th ST.	
				84 City	Minal	FL 85 Zip Code
11. Pursuant t	a the provisions of Sections 607 05	02 and 607 1508 F	orida Statutes, the	ahove-named	M/AMI d corporation submits this statement for the	
office or re	egi <b>ster</b> ed agent, or both, in the Stati in f <b>am</b> iliar with, and accept the oblic	e of Florida. Such el	nange was authori	ized by the cor	poration's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE .				<del> </del>		DATE
12.	Signature, typed or printed name of registered as OFFICERS AN	ID DIRECTORS		3.	e required when reinstating)  ADDITIONS/CHANGES TO OFF	
TITLE	DP STREET	<del></del>		1 TITLE	DP	Change Addition
NAME	CHAO, MIREYA E	-		2 NAME	CHOW, MIREYA E.	— · —
STREET ADDRESS	14510 SW 168TH ST.			3 STREET ADDRESS	14510 S.W. 168 ST.	
CITY-ST-ZIP	MIAMI FL 33177			4 CITY-ST-ZIP	MIAMI, FL. 33177	
TITLE	DV			1 TITLE	DV	☐ Change ☐ Addition
NAME	CHAO, JOSE M		2	2 NAME	CHOW, JOSE M	_ • • _
STREET ADDRESS	14510 SW 188TH ST.		2	3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177			4 CITY-ST-ZIP	MIAMI, FL. 33177	
TITLE				1 TITLE		Change Addition
NAME			3.	2 NAME		
STREET ADDRESS			3.	3 STREET ADDRESS		
CITY-ST-ZIP			3.	4. CITY-ST-ZIP	İ	1
TITLE			DFLETE 4.	1 TITLE		Change Addition
NAME			4.	2 NAME		
STREET ADDRESS			4.	3 STREET ADDRESS	j	1
CFTY-ST-ZIP				4 CITY-ST-ZIP		
TITLE			DELETE 5.	1 TITLE		Change Addition
NAME			5.	2 NAME		
STREET ADDRESS			5.	3 STREET ADDRESS		
CITY-ST-ZIP				4 CITY-ST-ZIP		
TITLE			DELETE 6.	1 TITLE		Change Addition
NAME			6.	2 NAME		
STREET ADDRESS			6.	3 STREET ADDRESS		
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 Statutes. I further certify that the information indicated on this annual report or suppliemental 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 attackment with an address.