PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000025814 /

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90016 009 ***150.00

. Corporation		1020014				
ILUSION	UNISEX BEAUTY SALON,	CORP. V				
						30)
rincipal Place of Business Mailing Address					<u> </u>	
7 EAST 49TH ST. 327 EAST 49TH ST.						
ALEAH FL 33013 HIALEAH FL 33013						
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 03/19/1998	
Principal Place of Business 2a. Mailing Ad 26 894			V.W 121 ST.		4. FEI Number EIN (SOQ 20879	Applied For Not Applicable
Suite, Apt.	#,,etc		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	te	28 Hi Aleah Garden, FL		n, FL	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	intry n	8. This corporation owes the current year	
	25	29 33018	30	4.5	Intangible Personal Property.	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	igent
RADI	DIOS MADIA M			81 Name		
Barrios, Maria M 327 East 49th St.				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	EAH FL 33013			<u> </u>		
TIME	EAH 1 L 33013			83		
				84 City		85 Zip Code
I. Pursuan				<u> </u>	<u>FL</u>	
agent. I	registered agent, or both, in the Stat am familiar with, and accept the obliq	e of Florida. Such change was gations of, section 607.0505, i	s authorize Florida Stat	d by the corporation tutes.	ation submits this statement for the purpose of chain's board of directors. I hereby accept the appoin	tment as registered
GNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable	(NOTE: Registe	red Agent signature requ	ired when reinstating) DATE	
	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
LE.	PD	DELETE	1.1 TO	r.E	[Change Addition
4E	BARRIOS, MARIA M		1.2 NA	ME		}
EET ADDRESS	1		1.3 ST	REET ADDRESS		
Y-ST-ZIP	HIALEAH GARDENS FL 33018		1.4 CF	TY-ST-ZIP		
Æ.	VD	L DELETE	2.1 TIT	TLE		Change Addition
AE	BARRIOS, GRICEL			ME	The second section of the second section of the second section	-
EET ADDRESS	1 *************************************			3 STREET ADDRESS		
Y-ST-ZIP	HIALEAH GARDENS FL 33018		_	TY-ST-ZIP		
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EET ADDRESS				REET ADDRESS		ļ
Y-ST-ZIP				TY-ST-ZIP		
.E :	{	DELETE	4.1 TF	ī	Ĺ	Change Addition
1E			4.2 NA			
EET ADDRESS			1	REET ADDRESS		ĺ
E E		Designer.	5.1 TII	TY-ST-ZIP		Change Addition
E E		, L DELETE	5.2 NA		L	Change Addition
EET ADDRESS				REET ADDRESS		
	1			TY-ST-ZIP		
<u>-ST-ZIP</u> E	<u> </u>	DELETE	6.1 TH			Change Addition
'E			6.2 NA	1		Change Addition
EET ADDRESS			1	REET ADDRESS		
-ST-ZIP	Letify that the information supplied wit	h this filing does not qualify for		TY-ST-ZIP	ion 119.07(3)(i), Florida Statutes. I further certify the	nat the information

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 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.

IGNATURE:

| Comparison 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.

| Comparison 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.

| Comparison 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.

| Comparison of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute and that my signature shall have the same legal effect as if made under corporation or the receiver or trustee and that my signature shall have the same legal effect as if made under corporation or the receiver of the corporation or the receiver of the corporation or the receiver of th

IGNATURE: _

6/30/99 583423-90016-9 P98000025814

From: Ilusion Uniser Beauty Salon, Coop.

327 E. 49 ST.

Hirlear FC 33013

To Whom it May Concern:

I received a second sprice about filing a Poisoration. hast year I filed my corporation I paid for the Fee, but I did not know. that that Filing Fee has to be paid every year until I gat on the mail the Second-Motice. Due to the jact that I. never received a First Motice about this snatter. I apologize por this. and Please give me an opportunity only to: this time to pay only \$ 150.00 because I never receive the first paper and I did not know about the Filling of this Paper & Feet