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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000097397

1. Corporation Name

THE FIRST UNISEX INC.

Principal Place of Business Mailing Address								
780 LEJEUNE ROAD 780 LEJEUNE ROAD								
SUITE 6			SUITE 6				DO NOT WIDITE IN THIS COACE	
MIAMI FL			MIAMI FL				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
							11/19/1998	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	
21		26					65-0880148 Not Applicable	
Suite-Apt	#Felc:		-Suite; Apt. #, etc.				5. Certificate of Status Desired 38.75 Additional	
22			27				5. Salabate of Status Besiles Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country	\vdash	Zip		untry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	
Name and Address of Current Registered Agent					-	Na.	10. Name and Address of New Registered Agent	
CVD	et, george l				81	Name		
330 S.W. 27TH AVENUE					82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 707							· · · · · · · · · · · · · · · · · · ·	
					83			
Miami FL 33135					84	City	■■ 85 Zip Code	
					["]	City	FL o - F o o o o o o o o o o o o o o o o o o	
SIGNATURE	m familiar with, and accept the obligation of registered age.						d when reinstating) DATE	
12.	OFFICERS AN	ID DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE		1.1 T	1.1 TITLE		☐ Change ☐ Addition		
NAME	DIAZ, MIRIAM	1.2 N		AME	-			
STREET ADDRESS 780 LEJEUNE ROAD				1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	MIAMI FL			1.4 0	ITY-ST	r-ZIP		
TITLE			☐ DELETE	2.1 T	ITLE		☐ Change ☐ Addition	
NAME				2.2 N	AME			
STREET ADDRESS			<u> </u>	.2.3 S	TREET	ADDRESS		
CITY-ST-ZIP				2.40	 CITY-S	T-ZIP		
TITLE			☐ DELETE	3.1 T	ITLE		☐ Change ☐ Addition	
NAME				3.2 N	AME			
STREET ADDRESS				3.3 S	TREET	ADDRESS		
CITY-ST-ZIP	1:			3.4, 0	S-YTC	T-ZIP		
TITLE			☐ DELETE	4.1 T			☐ Change ☐ Addition	
NAME				4.21	AME			
STREET ADDRESS				4.3 S	TREET	ADDRESS		
CITY-ST-ZIP				1	TY-ST	ì		
TILE			☐ DELETE	5.1 T			Change Addition	
NAME				5.2 N	AME			
STREET ADDRESS				5.3 S	TREET	ADORESS		

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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition