FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S26686** **(3)**

1. Corporation Name

FRIEND UNISEX, INC.

Principal Place of Business

2189 WEST 60TH ST.
SUITE 104
HIALEAH FL 33016

Mailing Address

2189 WEST 60TH ST.
SUITE 104
HIALEAH FL 33016

3. Date Incorporated or Qualified: **01/23/1991**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **65-0246042** ☐ Applied For ☐ Not Applicable

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

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

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

21 2. Principal Place of Business

22 Suite, Apt. #, etc.

23 City & State

24 Zip — 25 Country

26 2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip — 30 Country

9. Name and Address of Current Registered Agent

JIMENEZ, ROBERTO
2189 WEST 60TH ST.
SUITE 104
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: JIMENEZ, ROBERTO		1.2 NAME	
STREET ADDRESS: 1099 W. 42ND PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP: HIALEAH FL		1.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: JIMENEZ, EDAELLS		2.2 NAME	
STREET ADDRESS: 1099 W 42 PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP: HIALEAH FL		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 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	

CR2E034 (12/95)

14. I declare that I have examined the information contained in this report and that the facts stated in it are true. I am aware that false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a corporation is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: x _____ PRESIDENT 2-10-96 (305) 7-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #