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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S52279

Mailing Address

UNI-HAIR CARE, INC.

Principal Place of Business

(4)

FILED

May 07 1997 8:00am

Secretary of State

10111 SW 72 ST. MIAMI FL 33173		10111 SW 72 ST. MIAMI FL 33173-3004							
						Date Incorporated or Qualified 05/13/1991		ite of Last R 01/1996	leport
2. Principal P 21	lace of Business	2a. Mailing Address			4. FEI Number 65-0285275	Applied For Not Applicable			
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	10	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρ 24	Country 25	Zip 29	30 Cou	intry		This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent	
	ng, beverly phang			81	Vame				
12401 SW 113 AVE MIAMI FL 33176				82 Street Address (P.O. Box Number is Not Acceptable			ble)		
			ĺ	83					
ı				84 (City		FL	85 Zip	Code
11. Pursuant office or r agent. La SIGNATURE						oration submits this statement for the ion's board of directors. I hereby acce	purpose of pt the app	changing if	is registered registered
	Signature, typed or printed name of registered ag	ND DIRECTORS		D Agent s	ignature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI		DIDECTOR	20 IN 10
12.) n	DELETE	13. 1.1 TO			ADDITIONS/CHANGES TO OFFI	CENS AIVE	Change	Addition
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	12401 SW 113 AVE				Porce	·			
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NAME			6.2 N/					_ •	
L expery another				TOPET AD	annree				

14. Log horeby 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.

6.4 CITY - ST - ZIP

DID SI-ZP