

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 AM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S89181** (9)
1. Corporation Name
MIRAGE UNISEX, INC.

Principal Place of Business Mailing Address
**1068 WEST 29TH ST.
HIALEAH FL 33012** **1068 WEST 29TH ST.
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0290792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has authority for management under § 139.03(1), Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Locality	29. Locality
25. Zip	30. Zip

9. Name and Address of Current Registered Agent

**MAGDA BRIAS
1068 W. 29TH STREET
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81. Name	MAGDA BRIAS
82. Street Address (P.O. Box Number, Apt. #, etc.)	1068 W. 29TH STREET
83. City	HIALEAH
84. State	FL
85. Zip Code	33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 _____

12. OFFICERS AND DIRECTORS

1. TITLE	PTS
2. NAME	ROJAS, MAGDA
3. STREET ADDRESS	1068 W. 29TH ST.
4. CITY & STATE	HIALEAH FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY & STATE	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY & STATE	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(6)(b), Florida Statutes. I further certify that the information included 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 registrar 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 of this filing, or on an attachment with an address.

SIGNATURE: Magda Rojas
SIGNATURE MUST BE TYPED ON FINISHED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (305) 815-5912