

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. 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
84 City **HIALEAH** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE NAME STREET ADDRESS CITY & ZIP	PTS ROJAS, MAGDA 1068 W. 29TH ST. HIALEAH FL	13.1 TITLE 13.1 NAME 13.1 STREET ADDRESS 13.1 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 TITLE NAME STREET ADDRESS CITY & ZIP		13.2 TITLE 13.2 NAME 13.2 STREET ADDRESS 13.2 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 TITLE NAME STREET ADDRESS CITY & ZIP		13.3 TITLE 13.3 NAME 13.3 STREET ADDRESS 13.3 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE NAME STREET ADDRESS CITY & ZIP		13.4 TITLE 13.4 NAME 13.4 STREET ADDRESS 13.4 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE NAME STREET ADDRESS CITY & ZIP		13.5 TITLE 13.5 NAME 13.5 STREET ADDRESS 13.5 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 TITLE NAME STREET ADDRESS CITY & ZIP		13.6 TITLE 13.6 NAME 13.6 STREET ADDRESS 13.6 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 TITLE NAME STREET ADDRESS CITY & ZIP		13.7 TITLE 13.7 NAME 13.7 STREET ADDRESS 13.7 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 TITLE NAME STREET ADDRESS CITY & ZIP		13.8 TITLE 13.8 NAME 13.8 STREET ADDRESS 13.8 CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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** 4/12/95 (305) 815-5912
SIGNATURE MUST BE TYPED ON FINISHER NAME OF SIGNING OFFICER OR DIRECTOR