~~FILE NOW: FILING FEE AFTER MAY 1 IS $225.00~~ *FEE IS $61.25*

Amended PROFIT ~~CORPORATION~~ ~~ANNUAL REPORT~~

1996

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

FILED
96 AUG 23 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001833324
-05/21/96--01170--008
*****35.00 *****35.00

DOCUMENT # V16508

Amended

1. Corporation Name

NEW HAIR UNISEX, INC.

Principal Place of Business	Mailing Address
13872 S.W. 56th Street Miami, Florida 33175	13872 S.W. 56th Street Miami, Florida 33175

3. Date Incorporated or Qualified: 2/25/1992
3a. Date of Last Report: 3/18/96
4. FEI Number: 65-0318751 — ☐ 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

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MARIA PEREZ
429 S.W. 102nd Avenue
Miami, Florida 33174

10. Name and Address of New Registered Agent

81 Name: ORLO PEREZ
82 Street Address (P.O. Box Number is Not Acceptable): 429 S.W. 102nd Avenue
83
84 City: Miami FL 85 Zip Code: 33174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 [signature] DATE 6-26-96

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MARIA PEREZ	
STREET ADDRESS	429 S.W. 102nd Avenue	
CITY-ST-ZIP	Miami, Florida 33174	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D/P/VP/S/T	☐ Change ☒ Addition
1 2 NAME	ORLO PEREZ	
1 3 STREET ADDRESS	429 S.W. 102nd Avenue	
1 4 CITY-ST-ZIP	Miami, Florida 33174	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME	400001833324	
2 3 STREET ADDRESS	-08/27/96--01032--002	
2 4 CITY-ST-ZIP	*****26.25 *****26.25	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

8/27/96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify ... Section 119.07(3)(k), 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 ...

SIGNATURE: [signature] 6/10/96 856-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #