

Plaza at the Boca Hamptons 9070 Kimberly Blvd., Suite 57, Boca Raton, Florida 33434 Telephone (561) 482-2000 Fax # (561) 482-2663

BARRY G. HOFFMAN\* KENNETH R. SEGAL M. KATHLEEN CLENDINING

\*FL & NY BAR

March 28, 1997

600002130766---04/01/97--01111--017

**DEPARTMENT OF STATE Division of Corporations** Corporate Records Bureau 409 East Gaines Street Tallahassee, Florida 32301

RE:

**Articles of Amendment** 

Bizaar Bizarre, Inc.

Dear Sir/Madam:

Enclosed herewith please find original and one (1) copy of Articles of Amendment of Articles of Incorporation of Bizaar Bizarre, Inc. We are also enclosing a check in the amount of \$43.75, which represents your fee for filing of the above and the cost for a Certificate of Status showing the name change.

Please return one (1) conformed copy of the Articles of Amendmentof Articles of Incorporation and the Certificate of Status to this office in the stamped-addressed envelope provided for your convenience.

Thank you for your cooperation in this matter. Please feel free to contact this office with any questions or concerns.

Very truly yours,

ALICE V. CASTELLI Legal Assistant gave ok
Enc./

+0 Correct
-: 0(8 name

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

BIZARRE BAZAAR, INC

PURSUANT to the provisions of Section 607.1006, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment adopted:

CORPORATION NAME TO BE CHANGED TO:

NAIL BIZARRE, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of

issued shares, provisions for implementing the amendment if not contained in the

amendment itself, are as follows:

The date of each amendment adoption: March 28, 1997. THIRD:

FOURTH: Adoption of Amendment by shareholders, directors and officers (check one)

The amendment was/were adopted by the corporation and board of directors

without shareholder action and shareholder action was not required.

Χ... The amendment was/are approved by the shareholders. The number of votes cast

for the amendment was/were sufficient for approval.

The amendment was/were approved by the shareholders through voting groups.

(the following statement must be separately provided for each voting group

Was Sole Shareholder Successor

entitled to vote separately on the amendment)

The number of votes cast for the amendment was/were sufficient for approval by shareholders, directors and officers.

Signed this 28th day of March, 1997.

By:

New Name: / NAIL BIZARRE, IN

President/Søle Shareholder/Director

NUMBER

TO: DEPARTMENT OF STATE

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAMASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY#	* <sup>1</sup>
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	* 1
* TRUST	4,354.75	ACCOUNT CLOSED	2	* 2
* OTHER		UNCOLLECTED FUNDS	3	
* TOTAL	4,354.75	OTHER *********	*****	*

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT	
12 12 12 12 12 12 12 12 12 12 12 12	45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00	2 1 1 1 1 2 1 1 1 4	50.00 122.50 122.50 191.25 375.00 375.00 375.00 575.00 1,096.00	THE BOTTON

GRAND TOTAL:

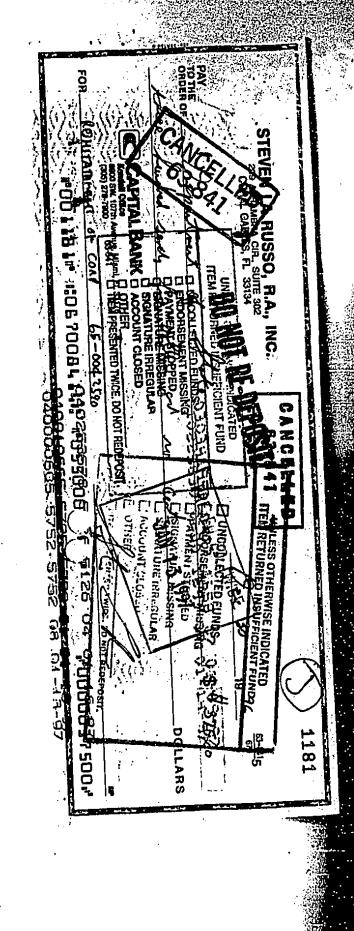
4,354.75

Process Date: 01/16/97

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

BUL NEGOT

State Treasurer



ENDORSE HERE

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-01/07/97--01112--021
NOT WRITH SERVE FOR FRINKEIA CONTROL OF THE LINE.
RESERVE FOR FRINKEIA CONTROL OF THE LINE.

Mark 101-108 **€**Ø\$\$\$40000 tii



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 5, 1997

Steven La Russo, R.A. Inc. 269 Giralda Avenue Suite 200 Coral Gables, FL 33134

SUBJECT: STEVEN LARUSSO RA, INC.

Ref. Number: M76810

Debit Memo #: 72541-J

This is to inform you that your check #1181 dated December 30, 1996 in the amount of \$375.00 and submitted for STEVEN LARUSSO RA, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$393.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant I Division of Corporations

Letter number: 997A00006198



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 14, 1997

Steven La Russo R.A., Inc. 269 Giralda Avenue Suite 200 Coral Gables, FL 33134

SUBJECT: STEVEN LARUSSO RA, INC. Ref. Number: M76810

Debit Memo #: 72541-J

Due to your failure to respond to our previous letter advising you of the returned check #1181, the Reinstatement for STEVEN LARUSSO RA, INC. has been cancelled and is considered not filed as of March 13, 1997.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (904) 487-6900.

Letter number: 997A00013113

Sincerely Melinda Lilliston Administrative Assistant I **Division of Corporations** 

## PTROLLER

M.G. WALDBAUM COMPANY OF FLORIDA

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_\_\_\*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Address: 5353 WAYZATA BLVD., STE. 500  MINNEAPLOIS, MN. 55416  Amount: \$200.00 Date Paid 04/19/96  Reason for claim: Filed Articles of Merger - 12/22/95 (M78639)  SCC/REIN 1/29/97  Certified true and correct this Al day of FEBRUARY , 19 97.  Signature ** Must be completed if authority is other than Section 215.26, Florida Statutes.  ** Must be completed if authority is other than Section 215.26, Florida Statutes.  ** For Agency Use Only.  Agency recommends approval of above claim and submits the following information to submaniface the claim: Amount of recommended refunds \$200.00.  The amount requested above was originally depailed into the State Treasury as a part of the fund deposited on State Treasury as a part of the fund deposited	Name: _M.G. WALDBAUM COMPANY	OF FLORIDA	EIN or SS#: _	59-2889976			
Amount: \$200.00 Date Paid 04/19/96  Reason for claim: Filed Articles of Merger - 12/22/95 (M78639)  SCC/REIN 1/29/97  Certified true and correct this 2/ day of FEBRUARY ,19 97.  Signature 5/ Agency recommends approval of above claim and submits the following information to substantiate the claim: 2/ Amount of recommends refunds 1/20/100.  The amount requested above was originally deposited into the State Treasury as a part of the final deposited on State Treasury Receipt No. 94007-025 daid 204/19/96  State Treasure's Receipt No. 94007-025 daid 204/19/96  State Treasure's Receipt No. 94007-025 daid 204/19/96  State of Account: 607.  It is requested that payment be made from the following account: 145202130001455300000000022002000.  Certified rise and correct this 649 of 1453000000000000000000000000000000000000	Address: 5353 WAYZATA BL	VD., STE. 500	<u> </u>	_			
Reason for claim: Filed Articles of Merger - 12/22/95 (M78639)  SCC/REIN 1/29/97  Certified true and correct this	MINNEAPLOIS, MN	. 55416		-			
* Must be completed if authority is other than Section 215.26, Florida Statutes.  * Must be completed if authority is other than Section 215.26, Florida Statutes.  * For Agency Use Only.  Agency recommends approval of above claim and submits the following information to substantiate the claim:  Amount of recommended refund \$5,200.00.  The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasury Receipt No. 94007-025. daid 0.0/19/96.  *Name of Account.  **As 202.1300014553000000000000000000000000000000	Amount: \$200.00 Date P	Paid 04/19/96					
Signature	Reason for claim:Filed Art	icles of Merger - 12/2	2/95 (M7863	9)			
* Must be completed if authority is other than Section 215.26, Florida Statutes.  * For Agency Use Only.  Agency recommends approval of above claim and submits the following information to substantiate the claim:  Amount of recommended rejund \$\frac{1}{200.00}\$.  The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasury & Receipt No 194007-025daied04/19/96.  **Name of Accounts**  452021300014530000000000000000000  Statutory Authority for Collection	SCC/REIN 1/29/97						
* Must be completed if authority is other than Section 215.26, Florida Statutes.  **For Agency Use Only**  Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$\frac{1}{2}\text{200.00}\$  The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No.1-\frac{2}{4}\text{200.7-025}\$ dated \( \begin{array}{c} \text{204.19/96}\$ \end{array}\$  **Name of Account**  Statutory Authority for Collection \( \begin{array}{c} \text{607} \)  Statutory Authority for Collection \( \begin{array}{c} \text{607} \)  **NAME OF ACCOUNT**  **List requested that payment be made from the following account:  **A \$\frac{1}{2}\text{20.2130.0014} \)  **Statutory Authority for Collection \( \begin{array}{c} \text{607} \)  **Certified true and correct this \( \begin{array}{c} \text{400.014} \)  **Department of State Division of Corporations**							
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$\frac{1}{200200}\$.  The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasury as Receipt Not 94007-025 dated \( \textit{Dut/19/96} \)  Name of Account  4 \$2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			orida Statutes.				
Substantiate the claim:  Amount of recommended refund \$\frac{1}{2} \frac{1}{2}	Agency recommends approval of above of		formation to				
Name of Account  4520213000145300000000000000  Statutory Authority for Collection  607  Lit's requested that payment be made from the following account:  452021300014530000000000000000000000000000000	substantiate the claim: _ > 2 Amount of	recommended refund \$ \cdot 200.0	o de la companya de				
Statutry Authority for Collection  Statutry Authority for Collection  Us requested that payment be made from the following account:  NAME OF ACCOUNT:  4.5.2.0.2.1.3.0.0.0.1.4.5.3.0.0.0.0.0.2.2.0.0.2.0.0.0.  Certified true and correct this  ### ### ### ### ####################				e funds deposited on			
Statutry Authority for Collection  Statutry Authority for Collection  Us requested that payment be made from the following account:  NAME OF ACCOUNT:  4.5.2.0.2.1.3.0.0.0.1.4.5.3.0.0.0.0.0.2.2.0.0.2.0.0.0.  Certified true and correct this  ### ### ### ### ####################	Name of Account						
Uts requested that payment be made from the following account:  NAME OF ACCOUNT:  4.5.2.0.2.1.3.0.0.0.1.4.5.3.0.00.0.0.2.2.0.0.2.0.0.0.  Certified true and correct this day of the correct this day o	45202.1300		010000				
NAME OF ACCOUNT:  4.5.2.0.2.1.3.0.0.0.1.4.5.3.0.0.0.0.0.0.2.2.0.0.2.0.0.0  Certified trie and correct this agy of the control of State Division of Comparations	Statutory Authority for Collection	607					
4520213000145300000022002000  Certified true and correct this	luis requested that payment be made from	the following account:					
Certified true and correct this agy of	Little field and the remaining of the agent and the remaining the state of the stat						
Department of State Division of Comparations							
(Astronomy (Astronomy))  (Astronomy)  (Authorized Signishire and Title)							
	Э 66 ABI Б. Паленка извать праводение выполняющий в в предостава в серои в досто в поста и сель при в при в пр	(Ainhorized Signature and	Tido)				