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Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90117 031 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G27020

1. Corporation Name  
REAL NAILS, INC.



Principal Place of Business: Real Nails Inc. 9791 Sunset Dr. Miami, FL 33173-4615  
Mailing Address: Real Nails Inc. 9791 Sunset Dr. Miami, FL 33173-4615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Real Nails Inc. 9791 Sunset Dr. Miami, FL 33173-4615  
2a. Mailing Address: Real Nails Inc. 9791 Sunset Dr. Miami, FL 33173-4615

3. Date Incorporated or Qualified: 03/09/1983  
4. FEI Number: 59-2285546  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent: CALLEJAS, GUSTAVO  
Real Nails Inc. 9791 Sunset Dr. Miami, FL 33173-4615

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: 3/10/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME                     | STREET ADDRESS     | CITY-ST-ZIP     | DELETE                   |
|-------|--------------------------|--------------------|-----------------|--------------------------|
| D     | CALLEJAS, LUZ MARINA L D | 12356 S W 119TH TR | MIAMI, FL 00000 | <input type="checkbox"/> |
| DP    | CALLEJAS, GUSTAVO        | 12356 S W 119TH TR | MIAMI, FL 00000 | <input type="checkbox"/> |
|       |                          |                    |                 | <input type="checkbox"/> |
|       |                          |                    |                 | <input type="checkbox"/> |
|       |                          |                    |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2   |      |                |             |                          |                          |                          |
| 1.3   |      |                |             |                          |                          |                          |
| 1.4   |      |                |             |                          |                          |                          |
| 2.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2   |      |                |             |                          |                          |                          |
| 2.3   |      |                |             |                          |                          |                          |
| 2.4   |      |                |             |                          |                          |                          |
| 3.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2   |      |                |             |                          |                          |                          |
| 3.3   |      |                |             |                          |                          |                          |
| 3.4   |      |                |             |                          |                          |                          |
| 4.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2   |      |                |             |                          |                          |                          |
| 4.3   |      |                |             |                          |                          |                          |
| 4.4   |      |                |             |                          |                          |                          |
| 5.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2   |      |                |             |                          |                          |                          |
| 5.3   |      |                |             |                          |                          |                          |
| 5.4   |      |                |             |                          |                          |                          |
| 6.1   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2   |      |                |             |                          |                          |                          |
| 6.3   |      |                |             |                          |                          |                          |
| 6.4   |      |                |             |                          |                          |                          |

14. I hereby 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/10/99 (705) 271-9443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CALLEJAS, GUSTAVO

CR2F034 (11/98)