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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L59499

(8)

LILI'S FACE & NAILS, INC.

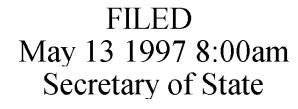
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Principal Place of Business

16090 COLLINS AVE.

Mailing Address

18090 COLLINS AVE.





MIAMI BEACH	FL 83160	MIAMI BEACH FL 3316U-1917							
						3. Date Incorporated or Qualified 03/23/1990		ite of La 01/199	st Report
	lace of Business	2a. Mailing Address	. ├ ~-¬			4. FEI Number	<u> </u>		Applied For
21		26				65-0174878			Not Applicable
Suite, Apt.		Suito, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Ζφ	<u> </u>	ıntry		8. This corporation has liability for in			er s. 199.032,
24	25	29	30	T			J Yos	No.	
	9. Name and Address of Curi	ent Registered Agent		81	Name	10. Name and Address of New Reg	istered A	tgent	
	ITOR, SHERYL A., ESQ.			0	Maine				
	71 BISCAYNE BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	TE 219 IIAMI BEACH FL 33162			83					
N M	HAMI DEACH FL 33102								
				84	City		FL	85	Zip Code
	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	502 and 607.1508, Florida Stat ate of Florida. Such change wa ligations of, Section 607.0505,	tutes, the a s authorize Florida Stat	bove d by lutes	e-named corp the corpora s.	poration submits this statement for the pition's board of directors. I hereby acception's	urpose of t the appo	changir bintmen	ng its registered t as registered
SIGNATURE	Signature, typed or printed name of registered	agest and tilic if applicable (N	OTE: Registere	d Age	nt signature requi	red when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS IN 12
TITLE	DP	☐ DELETE	1.1 11	HE				Chan	ige Addition
NAME	COHEN, ALIZA LILI		1.2 N	AME					
STREET ADDRESS	18090 COLLINS AVE		1.3 \$1	IREEŢ	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL	T Neigre			1 - Z IP			, , , , , , , , , , , , , , , , , , , 	
TITLE	בַן ענגוינ		2.1 11					Chan	ge Addition
NAME STREET ADDRESS			2.2 N		I B B L C C B				
CITY-ST-ZIP					ADDRESS				
TITLE		DELCTE	3.1 Ti		S1 - Z(P			Chan	ae Addition
NAME			3.2 N/						go noomon
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	,				61- ZIP				
TITLE		DELETE	4.1 10	11.6				Chan	ge Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 \$1	IREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	1Y-\$	T-ZIP				
TITLE		[_] DELETE	5.1 TI					Chan	ge Addition
NAME			5.2 N/			•			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CI		T- 7IP			<u> </u>	
TITLE NAME		LT DETELI	6171					L Chan	ge Addition
STREET ADDRESS			6.2 N/		ADDOLOG				
					ADDRESS				
CITY-ST-ZIP			6.4 CI	IY-S	t-ZIP				

14. I do 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 eath; 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.

11-27-9-