FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L59499

(8)

LILI'S FACE & NAILS, INC.

Principal Place of Business

Country

18090 COLLINS AVE MIAMI BEACH FL 33160

Sulte, Apt. #, etc.

City & State

23

24

Zip

2. Principal Place of Business

Mailing Address

2a. Mailing Address

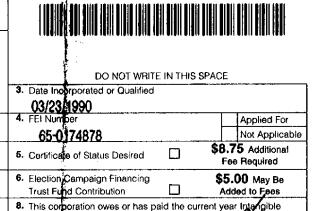
City & State

Ζip

18090 COLLINS AVE. MIAMI BEACH FL 33160

Suite, Apt. #, etc.

FILED May 15 1998 8:00am Secretary of State



Yes

Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CANTOR, SHERYL A., ESQ. 17971 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 219** 83 N MIAMI BEACH FL 33162 84 Zip Code

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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

Country

SIGNATURE							
	Signature, typed or printed native of registered agent and tille if applicable.	(NOTE: R	egistered Agent signature			STOUDEATAD	C (b) 40
12.	OF LICERS AND DIRECTORS		13.	ADDITIC	NS/CHANGES TO OFFICERS AN		
TITLE	DP] DELFTE	1.1 TITLE	:	•••	Change	Addition
NAME	COHEN, ALIZA LILI		1.2 NAME		•		
STREET ADDRESS	18090 COLLINS AVE		1.3 STREET ADDRESS	:			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY - ST - ZIP				
TITLE		DELETE	2.1 TITLE	ŀ.		Change	Addition
NAME			2.2 NAME				i
STREET ADDRESS			2.3 STREET ADDRESS		•		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP				
TITLE] DELETE	3.1 TITLE	;		Change	☐ Addition
NAME			3.2 NAME				}
STREET ADDRESS			3.3 STREET ADDRESS	1			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	,			1
STREET ADDRESS			4.3 STREET ADDRESS	·.			-
CITY-ST-ZIP			4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		DELFTE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	,			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME	· ·		8.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. I hereby certify that the information supplied with this fitting 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 disposed 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.

6.4 City-St-ZiP

CITY-ST-ZIP

4-28-9