

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M43174** (5)

1. Corporation Name

NAILTECH, INCORPORATED



Principal Place of Business

**4401 PONCE DE LEON BLVD.
ORAL GABLES FL 33146**

Mailing Address

**4401 PONCE DE LEON BLVD.
ORAL GABLES FL 33146**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/12/1986

3a. Date of Last Report

06/05/1995

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

**TERPENING, ROBERT J
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 typed or printed below and signed by the officer or director.

Signature typed or printed below and signed by the registered agent.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PDC
DALMAU, JORDI**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-STATE-ZIP **CORAL GABLES FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD
DALMAU, AURORA G.**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-STATE-ZIP **CORAL GABLES FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VT
DALMAU, JOREG A.**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-STATE-ZIP **CORAL GABLES FL**

13 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VS
TERPENING, ROBERT J.**
STREET ADDRESS **4401 PONCE DE LEON**
CITY-STATE-ZIP **CORAL GABLES FL**

14 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **V
DALMAU, JAVIER**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-STATE-ZIP **CORAL GABLES FL 33146**

15 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

16 NAME ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

DATE

305-446-5666

TELEPHONE NUMBER

CR2E034 (12/95)