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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M43174

(5)

NAILTECH, INCORPORATED

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



ORAL GABLES		ORAL GABLES FL 33146-					
				3. Date incorporated or Qualified 12/12/1986	d 3a. Date of Last Report 05/01/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		opplied For	
21		26				lot Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing		May Be
23		28	· 1···································		Trust Fund Contribution		l to Fees
Ζφ 1.1 1	Country	Zip	ı '		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24 25 29 30 9. Name and Address of Current Registered Agent			30	10. Name and Address of New Registered Agent			
TEA	PENING, ROBERT J		8.	Name			
4401 PONCE DE LEON BLVD.			_				
CORAL GABLES FL 33148			82		dress (P.O. Box Number is Not Acceptab	HB)	
			8:	'			
			84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL 85 Zip	Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.050/ egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	tes, the abor authorized b lorida Statute	re-named cor by the corpora is.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing of the appointment a	its registered s registered
SIGNATURE	s					· · · · <u>· · · · · · · · · · · · · · · </u>	
12.	Signature Typed or pricted name of registered ager OFFICERS AND		TE: Registered A	jent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DRS IN 12
TiTLF	PDC	DELETE	1.1 TITLE	1	ADDITIONS OF INVALUE TO OTTE	Change	
NAME	DALMAU, JORDI		1.2 NAME	1			
STREET AUDRESS	4401 PONCE DE LEON BLVD		13 STREE	T ADDRESS			
CITY -ST - ZIP	CORAL GABLES FL		1.4 CiTY-	ST-ZIP			ĺ
TITLE	VO	☐ DELETE 2				☐ Change	Addition
NAME	DALMAU, AURORA G.		2.2 NAMI		•		
STREET ADDRESS	4401 PONCE DE LEON BLVD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY	ST-ZIP			
TATLE	VT DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	4401 PONCE DE LEON BLVD		3.3 STRE	1 Address			
CITY-51-ZIP			3.4. CITY				Lare.
TITLE	vs Terpening, Robert J.	☐ DELETE	4.1 TiTLE	· ·		∟ Change	Addition
NAMŁ	4401 PONCE DE LEON		4. 2 NAM	1			
STREET ADDRESS	CORAL GABLES FL			TADDRESS			
CHY-ST-ZIP TITLE	V V	DELETE	4.4 CITY 5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAMÉ.	DALMAU, JAVIER	L. OLLET	5.1 (IICE			L_ Ondrige	- La randition
NAME. STREET ADDRESS	4401 PONCE DE LEON BLVD		1	ET ADDRESS			
STREET AUDRESS	CORAL GABLES FL 33146		5.4 CITY-	i	•		
TITLE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME		bread	6.2 NAMI			Same 4 - Carright	
STREET ADDRESS				T ADDRESS			
CHTY-ST-ZIP			6.4 CITY-	1			į
			a., v., v.,				

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 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 er on an attachment with an address.

SIGNATURE: