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Certificate of Status Desired	\$8.75 Add	litional	
Name and Address of New Registered			
Sox Number is Not Acceptable)			
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ent, or both, in the State of Florida.			ł
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10. Election Campaign Financing Trust Fund Contribution.  DITIONS/CHANGES TO OFFICERS AND Rodger awn Clenter Road, S	D DIRECTORS  Change	S IN 11	DE014 (9/99)
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NAILITE INTERNATIONAL, INC.					JECKETARY OF STATE  OFFICE OF STATE  OFFICE OF STATE  OFFICE OF STATE  OFFICE O							
Principal Plan	ce of Business	<u> </u>	Mailing Address				00	TI YAM	AH	11:21	3	
1251 N.W. 165TH STREET 1251 N.W. 165TH STREET MIAMI FL 33169-5879 MIAMI FL 33169-5809												
Principal Place of Business     3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				. FEI Number	59-2906	449		Applie Not Ap	ed For
Zip		Country	Zip	Coun	try		5. Certificate of	Status Desire	d (		8.75 Addition se Required	nal
	6. Name	and Address of Current Re	egistered Agent			7	. Name and A	ddress of Ne	w Regis	itered Ag	ent	
CT Corporation System 1200 S. Pine Island Road				i	Street Address (P.O. Box Number is Not Acceptable)							
Plantation, FL 33324				City FL Zip Code								
8. The above	named entity	submits this statement for t	he purpose of changing its	registere	ed office or	registered	agent, or both.	in the State of	Florida	. <u> </u>		
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signat.	ure required whe	en reinstating)			DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FI After MAY 1, 2000 F Make Check Payable to			00 Fee	will be \$5	50.00		ion Campaign Fund Contrib		ing 🗆	\$5.00 Added to		
11,		OFFICERS AND DI	RECTORS	12.			ADDITIONS/CI	HANGES TO	OFFICE	RS AND D	DIRECTORS IN	11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5355 TOW	IAN, HOWARD IN CENTER ROAD., STE TON FL 33486	Delete TITLE NAME STE 802 STREE CITY-1			SD Kroui 5355 Boca	se, Rodg Town Ca Raton, F	er enter F -L 334	Road 186	ر ناک ا	□ Change Dite 802	<b>₫</b> Addition
TITLE NAME	ITLE V Delete III					D	, Clare					Addition

5355 TOWN CENTER ROAD., STE 802 Boca F ÇITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Oalete TITLE TITLE SCIARRABBA, VINCENT HAME NAME 5355 STREET ADDRESS 5355 TOWN CENTER ROAD., STE 802 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bour ] BOCA RATON FL 33486 ☐ Delete TITLE TITLE NAME STEEDMAN, DAVID NAME STREET ADDRESS STREET ADDRESS 5355 TOWN CENTER ROAD., STE 802 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33486 CD X Delete TITLE TITLE RUBINSTEIN, JULIAN NAME NAME STREET ADDRESS 5355 TOWN CENTER ROAD., STE 802 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TD ☐ Delata TITLE TITLE NAME LEDER, MARC NAME STREET ADDRESS

**BOCA RATON FL 33486** 13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

5355 TOWN CENTER ROAD., STE 802

STREET ADDRESS

CITY-ST-ZIP

305-620-6200 x225