FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'94 AUG 19 AM 10: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
ANOINTED NAILS' SCHOOL OF NAIL TECHNOLOGY, INC.

DOCUMENT #
P93000028599 (7)

Mailing Address
10755 SW 190TH ST.
#63
CUTLER RIDGE FL 33157

Principal Place of Business
10755 SW 190TH ST.
#63
CUTLER RIDGE FL 33157

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address: 21 11240 SW 138 ST.
Suite, Apt #, etc 22
City & State 23 MIAMI, FL. 33176
Zip 24 33176 Country 25 DADE

2a. Principal Place of Business 26 17354 S. DX. HWY.
Suite, Apt #, etc 27 ——
City & State 28 PERRINE, FL.
Zip 29 33157 Country 30 DADE

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: NEW
4. FEI Number: 65-0384020 ☑ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**
TOMPKINS ROSLYN
11240 SW 138 ST
MIAMI FL 33176

10. **Name and Address of New Registered Agent**
81 Name: MS. ROSLYN TOMPKINS
82 Street Address (P.O. Box Number is Not Acceptable): 11240 SW 138 ST
83 MIAMI, FL.
84 City: MIAMI FL 85 Zip Code: 33176
OK

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: Tompkins DATE: 8/16/94

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	TOMPKINS ROSLYN	1.2 NAME	
1.3 STREET ADDRESS	11240 SW 138 ST	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	MIAMI FL 33176	1.4 CITY, ST, ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, 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)(i), Florida Statutes. I release the Division of Corporations from any liability of noncompliance with Section 119.07 (3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tompkins, MS. ROSLYN TOMPKINS. 07-25-94. (305) 235-3521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR