1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000062211

LUSCIOUS NAILS, INC.

Principal Place of Business	Mailing Address	
7105 WEST 12TH AVE.	7105 WEST 12TH AVE.	
SUITE 5 HIALFAH FL 33014	Suite 5 Hialeah Fl 33014	

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90060 011 ***150.00



								(B) (10 10105 11 10 10 10 10 10 10 10 10 10 10 10 10	illi utlii uuil uull		486 HEBUT 111	6) 	
Principal Place	of Business	Mailing Address					-			4			
7105 WEST 12T	H AVE.	7105 WEST 12TH AVE.											
SUITE 5	N.4	SUITE 5					DO NOT WRITE IN THIS SPACE						
HIALEAM FL 33	HIALEAH FL 33014 HIALEAH FL 33014			-	3. Date Incorporated or Qualifed								
							09/07/19					ļ	
O Oringinal Di	and of Business	2a, Mailing Address					4. FEI Numbe				Applied F	For	
一つうさつ	ace of Business	<u> </u>				'	-65-0457		_		Not Appli		
21 203	<u> </u>	Suite Act # atc					00:0407	334			Addition		
Suite, Apt. #, etc.							5. Certifcate	of Status Desire	ed 🗀		Required		
22 Cia & Canto		City & State			-		* El 6: C						
City & State 23 H. Ale Att, FL 28		⊢						ampaign Finand Contribution	ang 🗆		0 May B	t	
23 H HILL 17	Country	Zip	Coun	trv				ration owes the	ourrant year l		4 10 1 00		
= 2 2011	/	— · — —	7	,		- 1		ration owes the Property Tax.	current year n	iniangible ∐Yes	□No	. 1	
24 3301	9. Name and Address of Current	.11	<u>'1</u>			<u>.</u>		Address of N	ew Registered				
	9. Name and Address of Current	Kegistered Agent		81	Name	NI	0. Number		núc z				
HERM	NANDEZ, ALEX			- 1		<u> </u>	<u> </u>						
	W 12TH AVE, 5		1	82	Street A	Address	(P.O. Box Nu	mber is Not Ac	ceptable)			` -	
	EAH FL 33301		F	83	<u> </u>	771	<u> </u>	<u> </u>					
1111101	EART E GOOD!]	03								.	
			ļ	84	City H	T.A	PAH	EC.	F	85 🕉	500/	16	
44 Dureupot i	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the ah	ove-i	named o	corporat	ion submits th	is statement fo	the purpose of	of changing	ite registr	ered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	orized	by th	e corpo	oration's	board of direc	tors. I hereby a	accept the app	ointment as	registere	ed	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statui	ies.	م. م	<i>∧ 4</i>		•	1-19-	-99			
SIGNATURE	V	and tills if confinels (NOTE: Be	C)		J UV	Territoria di subs	en reinstating)	· ·	DATE	<u>. (</u>			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	-gan s	ngration to	oquirod in the		CHANGES TO	OFFICERS A	AND DIREC	TORS IN	1 12	
TITLE	P	☐ DELETE	1.1 TITL	E		<u> </u>				Chang		Addition	
NAME	HERNANDEZ, ALEX	_	12 NAN				_		5+				
	7105 WEST 12TH AVE., #5				DORESS	120	131 1) 62 -				}	
STREET ADDRESS	HIALEAH FL 33014		1.4 CIT		710	HiA	le AH	FC:	33 <i>016</i>			1	
CITY-ST-ZIP	V	☐ DELETE	2.1 1111		214	,		162 S		Chang	e 🗇	Addition	
TITLE		_ beer is	2.2 NAN					_			_		
NAME	HERNANDEZ, MIRTA					20	RIW	62 5	}			- 1	
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			U. A	2031 W62 St H: ALEALY FL 33016						
CITY-ST-ZIP					ZIP	11.4	renv.		75000	Chang		Addition	
TITLE		☐ DELETE	3.1 TITL							☐ Aligh	٠ LJ.		
NAME			3.2 NAM										
STREET ADDRESS					DORESS							}	
CITY-ST-ZIP			3.4. CfT		ZIP	├ ──						Addition	
TITLE		☐ DELETE	4.1 TITE	.E						Chang	· Ц	AUGINON	
NAME			4. 2 NA	ME									
STREET ADDRESS			4.3 STF	REET A	DDRESS	1						ļ	
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	ZIP	 			· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	5.1 TITL						`,	Chang	je 🔲 i	Addition	
NAME		:	5.2 NA									- \	
STREET ADDRESS		ı	5.3 STF	REETA	DDRESS							}	
CITY-ST-ZIP			5.4 CIT	Y-ST-2	ZIP	<u> </u>							
TITLE		☐ DELETE	6.1 TITL	E		-	-			☐ Chang	je 🔲 /	Addition	
NAME			6.2 NA	ΛE									
STREET ADDRESS			6.3 STF	REETA	ODRESS							ļ	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 charged or propagation attachment with an address, with all other like empowered.

SIGNATURE:

REMINER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR