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

Mailing Address

1342 S. E. 17 STREET CAUSEWAY

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business
1342 S. E. 17 STREET CAUSEWAY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000010063 (3)

EXCLUSIVE NAILS & SKIN CARE, INC.

FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316-1708 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1994 🗄 04/23/1996 4. FEI Number 2. Principal Piace of Business 2a. Mailing Address Applied For 65-0470108 Not Applicable 21 26 Surte, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip  $Z_{10}$ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DONA, EDUARDO 1342 S. E. 17 STREET CAUSEWAY 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33316 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes. SIGNATURE Signature, typed or printed harrie of registered agent and title it applicable. (NOTE: Registered Agent alignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, DELETE Change 1.1 TITLE 1 118 DONA, EDUARDO 1.2 NAME MALIE 1342 S. E. 17 STREET CAUSEWAY 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33316 CITY - ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition 21 TITLE THLE 22 NAME NAM 2.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition THE 3.1 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE Change \_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 supplymental 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 foceiver 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 chapted gray an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

Offy-SI-ZIP

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIF

THE

NAM

THLE

NAME

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4-28-97 (954)524-6520

Change

Change

\_\_\_ Addition

Addition

**FILED** 

May 14 1997 8:00am

Secretary of State