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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015707 (0)

L'ESTIQUE NAIL & SKIN CARE SALON, INC.

FILED
May 06 1998 8:00am
Secretary of State

LLOW	GOE HAIL & ONIN CANE O	INLON, INC.			
Principal Plac	e of Business	Mailing Address	·		11681 Bith) 16211 Bâlle 1666 1866
700 US HWY 1		700 US HWY 1		1	
STE B		STE B		DO NOT WORTS IN YOU	10 AD 1 OF
N. PALM BEACH FL 33408		N. PALM BCH FL 33	108	DO NOT WRITE IN TH	IS SPACE
US		U\$		3. Date Incorporated or Qualified 02/25/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0472361	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23	T. Counts	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	/
24	25 S. Name and Address of Curre	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		nt negistered Agent	81 Name		an vitant
	NOIG, MARI		, tanto	MARI TANCIS	
82 F Street Address (P.O. Box Number is Not Acceptable)					<u> </u>
C1 CS Flux #1					
NC	OTH PALM BCH FL 33408		83		
'			84 81 P	'B F	L 85 33408
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 hoth, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.3 TITLE		Change Addition
NAME	TANCIG, MARIA		1.2 NAME	MARI TANCE #1	`
STREET ADDRESS	11518 LANDING PL C-1		1.3 STREET ADDRESS	700 48 1407	_
CITY - ST - ZIP	N.P.B. FL		1.4 CITY - ST- ZIP	MARI TANCIQ#1 700 US HWY#1 No PRIM BCh Fl.	33408
TITLE		DELETE	2.1 TITLE	100	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		1
CITY-ST-ZIP			2 4 CITY - ST - ZIP	*	
TITLE		☐ DELETE	3.1 TALE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		-
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Į.
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Í
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		_	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 corporation or the corporation or the corporation of the