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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Montvern Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000028793 (5) 1. Corporation Name THE NAIL EXCHANGE, INC.			
Principal Place of Business 5144 NW 65TH TERRACE CORAL SPRINGS FL 33067		Mailing Address 5144 NW 65TH TERRACE CORAL SPRINGS FL 33067	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business W. Palm Beach 33413		2a. Mailing Address 6820 Forest Hill BLVD.	
Suite, Apt. #, etc. Forest Hill BLVD		Suite, Apt. #, etc. Forest Hill BLVD	
City & State W. Palm Beach		City & State Forest Hill BLVD	
Zip 33413		Zip 33413	
Country Palm Beach		Country Palm Beach	
8. Name and Address of Current Registered Agent Charles ROSENGARTEN, BARRY 5144 NW 65TH TERRACE CORAL SPRINGS FL 33067		10. Name and Address of New Registered Agent Charles Barry ROSENGARTEN 5144 NW 65 Terr CORAL SPRINGS FL 33067	
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: <i>Charles B. Rosen</i> Charles Barry ROSENGARTEN 4/10/95			
12. OFFICERS AND DIRECTORS Charles Barry ROSENGARTEN 5144 NW 65 Terr Coral Springs FL 33067		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
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)(b), 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 changed, or on an attachment with an address.		SIGNATURE: <i>Charles B. Rosen</i> Charles Barry ROSENGARTEN 4/10/95 407-9665776	