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95 APR 10 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000059176 (5)**

1. Corporation Name
DOMINIQUE'S NAILS, INC.

300001453733
-04/19/95--01001--014
*****200.00 *****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
811 NW 37TH AVE **MIAMI FL 33125**	**811 NW 37TH AVE** **MIAMI FL 33125**

3. Date Incorporated or Qualified: **06/11/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0515453 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMOS, DOMINIQUE
% PEREZ & ASSOCIATES
1019 SW 67TH AVE
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: Ricardo C. Stambury
82 Street Address (P.O. Box Number is Not Acceptable): 9995 NW 51 Terrace
83
84 City: Miami FL 85 Zip Code: 33178

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] 3/13/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ALFONSO, ROSA	12 NAME	RICARDO C. STAMBURY	
STREET ADDRESS	935 NW 34TH AVE	13 STREET ADDRESS	9995 NW 51 TERR	
CITY ST ZIP	MIAMI FL 33125	14 CITY ST ZIP	MIAMI FL. 33178	
TITLE	DVT	21 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	RAMOS, DOMINGO	22 NAME	MARILYN STAMBURY	
STREET ADDRESS	811 NW 37TH AVE	23 STREET ADDRESS	9995 NW 51 TER	
CITY ST ZIP	MIAMI FL 33125	24 CITY ST ZIP	MIAMI FL. 33178	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		RW 4-18-95

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 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 addition.

SIGNATURE: [signature] Ricardo C. Stambury 3/13/95 305-477-5078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01/06/21 CP