

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Norman

Secretary

DIVISION OF CORPORATIONS

65 MAY -1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059967 (7)

1. Corporation Name

CORY PROFESSIONAL NAILS, INC.

Principal Place of Business

9243 SOUTHWEST 40TH STREET
MIAMI FL 33165

Mailing Address

9243 SOUTHWEST 40TH STREET
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

Zip

Country

24

2b. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

Zip

Country

29

30

4. FET Number

65-0544998

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

□ Yes

□ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIL, CORALIA A
15841 SOUTHWEST 141ST COURT
MIAMI FL 33177

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Agent or Registered Agent or Registered Agent or Registered Agent)

(Signature of Agent or Registered Agent or Registered Agent or Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GIL, CORALIA A
STREET ADDRESS	15841 SW 141ST COURT
CITY, ST, ZIP	MIAMI FL 33177
TITLE	D
NAME	GIL, MOISES
STREET ADDRESS	15841 SW 141ST COURT
CITY, ST, ZIP	MIAMI FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	□ Change □ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	□ Change □ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	□ Change □ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	□ Change □ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	□ Change □ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	□ Change □ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	

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 130.071, 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. I am an officer or director of the corporation or the receiver or trustee appointed 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:

Sandra B. Norman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 305-220-4086
(Typed Name)