CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014872

1. Corporation Name

SILK HAIR & NAILS, INC.

Principal Place of Business	
1001 W 49TH ST 5	

Mailing Address

FILED Feb 23, 1999 8:00 am **Secretary of State**

02-23-1999 90051 009 ***150.00



001 W 49TH ST. 5 1001 W 49TH ST. 5 IALEAH FL 33012			DO NOT WRIT	E IN THIS	SPACE				
						te Incorporated or Qualifed /22/1995			
2. Principal Place of Busi	ness	2a. Mailing Address				l Number		$^{-}$ \square	Applied For
<u>:1</u>		26			65	-0570601			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Cer	rtifcate of Status Desired			5 Additional Required
City & State		City & State			1	ection Campaign Financing ast Fund Contribution		-	00 May Be ed to Fees
Zip	Country	Zip Co	Zip Country			8. This corporation owes the current year Intangible			
14	25	29 30			Per	rsonal Property Tax.		Yes	□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
TORRES, SILVIA 1001 W 49TH ST, 5		81	Name	QUIROS, LAURA M.					
		82	Street Addres	et Address (P.O. Box Number is Not Acceptable)					
HIALEAH FL 3	3012		83		1001	W 49TH ST, 5			
			84		HIAL		FL		Zip Code 33012
office or registered a	gent, or both, in the State of vith, and accept the voligation	nd 607.1508, Florida Statutes, the a Florida. Such change was authorize ns of, Section 607.0505, Florida Sta	d by	the corporation	ration sul n's board	of directors. I hereby accept	ourpose of one of the appoint	:hanging itment as	its registered registered

SIGNATURE Signature, typed or printed name of registr M. QUIROS
sistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition TITLE X DELETE 1.1 TITLE SPST Change TORRES, SILVIA 1.2 NAME QUIROS, LAURA M. NAME 1001 W 49TH ST, 5 1001 W 49TH ST, 5 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 1.4 CITY-ST-ZIP HIALEAH, FL 30012 CITY-ST-ZIF Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 C/TY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE OELETE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 chapted, or on an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, or on an attachme

SIGNATURE: 1

165 RLAURA M. QUIROS

1/7/99 Date

(305) 826-5591