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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN -5 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028446

1. Corporation Name

NAILMANIA & THERAPEUTIC CORPORATION

Principal Place of Business	Mailing Address
8355 W. Flagler St Miami, Fl 33144-2042	8355 W. Flagler St Miami, Fl 33144-2042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/11/95

4. FEI Number: 65-0573849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARIA GARCIA
358 E. 47 st
Hialeah, Fl 33013

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

800002553858--8
-06/09/98--01124--018
*****150.00 ***150.00**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Gessa, Hanice		1.2 NAME		
STREET ADDRESS	8355 W Flagler St		1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl 33144		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Jimenez, Luis		2.2 NAME		
STREET ADDRESS	8355 W Flagler St		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl 33144-2042		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Jacqueline Jimenez		3.2 NAME		
STREET ADDRESS	8355 W Flagler St		3.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl 33144-2042		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Maria Garcia		4.2 NAME		
STREET ADDRESS	358 E 47 st		4.3 STREET ADDRESS		
CITY-ST-ZIP	Hialeah, Fl 33013		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

7/98 ejs

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 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 added above.

SIGNATURE: Maria Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)