SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000028705 (8)

1. Corporation Name

NAILEZE, INC.

Principal Place of Business	Mailing Address
19105 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33180	19105 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified: 04/11/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt # etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 18282 W. Dixie Hwy
Suite, Apt #, etc
27
City & State
28 North Miami Beach FL
Zip 29 33160 Country 30 DADE

4. FEI Number: 65 0604599 [ ] 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 has liability for intangible tax under s. 199.032 Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

WOLF, DREW
19105 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 607.1508, 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 X Drew Wolf — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 5

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE	P S	[ ] Change [ ] Addition
1.2 NAME	JODY WEISSMAN	
1.3 STREET ADDRESS	417 PARK AVENUE	
1.4 CITY-ST-ZIP	New York City, N.Y 10022	
2.1 TITLE	V	[ ] Change [ ] Addition
2.2 NAME	MARGO MINTZER #304	
2.3 STREET ADDRESS	3600 MYSTIC PTE DR	
2.4 CITY-ST-ZIP	Aventura FL 33180	
3.1 TITLE	T	[ ] Change [ ] Addition
3.2 NAME	DREW WOLF	
3.3 STREET ADDRESS	20428 NE 10 Ct Rd	
3.4 CITY-ST-ZIP	NMB FL 33179	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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: X Drew Wolf DREW WOLF — 5/10/96 — 305-6820058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)