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

◆ ➤ PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 495 0000 42039 FANTASY NAIL & SKIN CARE, INC. Mailing Address Principal Place of Business 11300 N.W. 87th Ct #107 11300 NW 87th Ct. #107 HIALEAH GARDENS, FL.33016 HIALEAH GARDENS, FL. 33016 3a. Date of Last Report 3. Date incorporated or Qualified 1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0544404 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032, Country Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 ALICIA VIGOA 11300 NW 87th Ct #107 HIALEAH GARDENS, F1. 33016 Zip Code 85 | City 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 acceptance obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE SIGNATURE Signature ityped or printed name of registered sgent and the if applicable (NOTE: Registered Agent is griature required when reinstating) ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE TITLE DP 1.2 NAME NAME ALICIA VIGOA 1 3 STREET ADDRESS STREET ADDRESS 11300NW 87 Ct#107. Hlh GARDENS FL. 14 CITY - ST- ZIP CITY-ST-ZP ☐ Charge noilibbA 🔲 DELETE 2 1 TITLE TITLE DV 2.2 NAME PLASSE ANGEL VIGOA 23 STREET ADDRESS 11300 NW 87 Ct #107. HLH. GARDENS,FL STREET ADDRESS 33016\_ DELETE 24 CITY - ST - ZIP CITY - ST - ZIP Change Modified 3 1 TiTLE TOTLE 3.2 NºME NAME 33 STREET ACCRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Adailion Change DELETE 4 1 TITLE TITLE 42 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY - ST - ZIP ■ Addition Change DELETE 5 1 TiTLE TITLE 52 NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP 700001846997°° -06/03/96--01016--006 Addition DELETE 6 1 Tille THILE 6.2 h= ME NAME **6.3 STREET ACCIPESS** \*\*\*200.00 STREET ADDIPESS 64 CITY-ST ZIP In this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under in the receiver or trustee immowered to execute this report as required by Chapter 607, Florida Statutes; and that my happen. 14. I do heraby certify that the information supplicetify that the information indicated on the cath, that I am an officer or director appears in Block 12 or Block 13 if c

attachment with an add-SIGNATURE: 2

CR2E034