SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042039 (4)

FANTASY NAIL & SKIN CARE, INC.

Principal Place of Business Mailing Address 11300 NW 87 CT 11300 NW 87 CT UNIT 107 UNIT 107 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016							DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified	3a. Dat			nori
								05/30/1995	1			port
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	05/01/1996 Applied For			
21				26				TAPPINOUT.				Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						\$8		dditional
22			27	27				5. Certificate of Status Desired			ee Req	
City & State			<u>-</u> -	City & State				6. Election Campaign Financing				
23			28	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country		Zip	Co	untry	/	8. This corporation owes or has pai	d the curri			
24		5	29		30			Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent								10. Name and Address of New Reg	Istered A	gent		
	30a, angel					81	Name					
11300 NW 87 CT						82	Stroot Adde	ess (P.O. Box Number is Not Acceptable				
UNIT 107						02	Street Addre	ess (P.O. Box Number is Not Acceptable	ө)			
HIA	LEAH GARD	ENS FL 33016				83						
İ						_						
						84	City		FL	85	Zip Co	ode
Office or i	registered age	ns of Sections 607.050 nt, or both, in the State i, and accept the obligi	of Flori	da. Such change was i	authorize	ea by	v the corporati	oration submits this statement for the pi on's board of directors. I hereby accep	Ironse of	hang intme	ing its nt as re	registered egistered
SIGNATURE												
40	Signature, typed or	printed name of registered age				ed Age	eniuper enutangia Inc	ed when reinstating)	DATE			
12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	VIGOA, A	ICIA		DELETE	1.1 T		1		L	Cha	ange	Addition
NAME	1	/ 87 CT UNIT 107				IAME	İ					
STREET ADDRESS	I	GARDENS FL 33016	,		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	D	CHIDENS FL SSUIC) 			ITY-S	IT-ZIP					
TITLE		NOEL		DELETE"	2.13	ITLE			E	Cha	ange	Addition
NAME	VIGOA, AI				2.2 N	AME						
STREET ADDRESS		/ 87 CT UNIT 107			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	HIALEAM	GARDENS FL 33016	i 		2.40	CITY-5	ST-ZIP					
TITLE				DELETE	3.1 T	ITLE				Cha	₃nge	Addition
NAME					3.2 N	AME						
STREET ADDRESS					3.3 STREET ADDRESS							
CITY-ST-ZIP					3.4. 0	HTY-8	ST-ZIP					
TITLE				DELETE	417					Cha	1000	Addition

6.4 CITY-S1-ZIP

14. I do 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 changes, or on an attachment with an address.

4.2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

44 CITY-ST-ZIP

SIGNATURE MANUFACTURE RECEIVED

CR2E034 (4/97)

Acdition

Addition

Change

FILED

Sep 18 1997 8:00am

Secretary of State

A CONTINUE AND COURT WATER ORDER DRIVE BOTTOM BOTTOM AND THE PRINCE THE TOTAL THREE