

**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 # **P95000066293 (8)**  
 1. Corporation Name:

**CALIFORNIA NAILS INC.**



Principal Place of Business	Mailing Address
7900 NORTH WEST 27TH AVENUE, #108 MIAMI FL 33147	7900 NORTH WEST 27TH AVENUE, #108 MIAMI FL 33147

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	7900 NW 27th Av	26	7900 NW 27th Av	08/28/1995	6/15/96
22	# 502	27	# 502	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
23	Miami FL	28	Miramar FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	33147	29	33147	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	USA	30	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TRUONG, NHON V 8643 WILSHIRE DRIVE MIRAMAR FL 33023				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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: Phon V Truong NHON V TRUONG 6/15/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PRESIDENT	<input type="checkbox"/>	1.2 NAME		
STREET ADDRESS	NHON V. TRUONG		1.3 STREET ADDRESS		
CITY - ST - ZIP	8643 Wilshire Dr Miramar FL 33023		1.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Secretary	<input type="checkbox"/>	2.2 NAME		
STREET ADDRESS	Phon V Truong		2.3 STREET ADDRESS		
CITY - ST - ZIP	8643 Wilshire Dr Miramar, FL 33023		2.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME		
CITY - ST - ZIP			3.3 STREET ADDRESS		
			3.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
			4.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME		
CITY - ST - ZIP			5.3 STREET ADDRESS		
			5.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phon V Truong 6/15/96 622-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)