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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 7800 NW 27TH AVE SUITE 502 MIRAMAR FL 33147 US
Mailing Address: 7800 NW 27TH AVE SUITE 502 MIRAMAR FL 33147-4956 US

3. Date Incorporated or Qualified: 08/28/1995
3a. Date of Last Report: 07/01/1996

2. Principal Place of Business: 7900 NW 27th Ave 502
2a. Mailing Address: 7900 NW 27 Ave 502
21. Suite, Apt. #, etc.: 502
22. City & State: Miami FL
23. Zip: 33147 Country: USA
24. Zip: 33147 25. Country: USA
26. Suite, Apt. #, etc.: 502
27. City & State: Miami, FL
28. Zip: 33147 29. Country: USA
30. Country: USA

4. FEI Number: 65-0639609 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
TRUONG, NHON V
8643 WILSHIRE DRIVE
MIRAMAR FL 33023

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: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS
P TRUONG, NHON V 8643 WILSHIRE DR MIRAMAR FL 33025
S SOUKAMENEUTZ, PAROME 8643 WILSHIRE DR MIRAMAR FL 33025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: President Change
1.2 NAME: NHON V TRUONG
1.3 STREET ADDRESS: 9591 Fountainbleau Blvd.
1.4 CITY-ST-ZIP: Miami FL 33172
2.1 TITLE: Secretary Change
2.2 NAME: Parome Soukamneutzh
2.3 STREET ADDRESS: 9591. Fountainbleau Blvd.
2.4 CITY-ST-ZIP: Miami FL 33172

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 changed, or on an attachment with an address.

SIGNATURE: [Signature] 4/1/97 835-7079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)