FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066293 (8)

CALIFORNIA NAILS INC.

FILED Apr 20 1998 8:00am Secretary of State

			_ A			
Principal Place of Business Mailing Address					t interint sin inini pisti natit datti natit	BOLIA SIIIA BILIA IISIA ISIAA (ILI 1881
7900 NW 271	TH AVENUE	7900 NW 27TH AVE	7900 NW 27TH AVE			
502	143	502			DO NOT WRITE II	NI TUIC COACE
MIAMI FL 33147 US		MIAMI FL 33147 US		3. Date Incorporated or Qualified	1 THIS SPACE	
•	•	00			08/28/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0639609	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				CO 75
22		27			5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	_	28				Added to Fees
Zip			Countr	Country 8. This corporation owes or has paid the current year Intangible		the current year Intangible
24	25 29 30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Regi	stered Agent
TR	UONG, NHON V		81	Name		
86	43 WILSHIRE DRIVE		82	Street A	ddress (P.O. Box Number is Not Acceptable)
Mil	RAMAR FL 33023		L_			,
			83			
			84	City		■■ 85 Zip Code
			.	'		FL III
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered age	ont and trile if applicable (N			orporation submits this statement for the pur oration's board of directors. I hereby accept aquired when reinstating)	the appointment as registered H 20 1 98
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELET e	1.1 TITLE	ĺ	PRESIDENT	Change Addition
NAME	TRUONG, NHON V		1.2 NAME		NHON SW JEHONS	<u></u>
STREET ADDRESS	9591 FOUNTAINBLEAU BLVD		1.3 STREE	T ADDRESS		7
CITY-ST-ZIP	MIAMI FL		1.4 CITY -	ST-ZIP	rembroke Pines, re	. 33025
TITLE	8	LE DELETE	2.1 TITLE		•	Change Addition
NAME	\$O UKAMENEUTZ, PAROME		2.2 NAME	1		
STREET ADDRESS	9591 FOUNTAINBLEAU BLVD		2.3 STREE	ADDRESS		
CITY - ST - ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP		
TITLE		☐ DFLETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADORESS		(3.3 STREE	I ADDRESS		\
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		[_] DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS		•	4.3 STREE	ADDRESS	•	
CITY-ST-ZIP		h	44 CITY-	ST-ZIP		•
TITLE		DELETE	51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			, 53 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CHY-	ST - ZIP		
TITLE		☐ DELETE	61 TITLE			☐ Change ☐ Addition
NAME	_		6.2 NAME			
STREET ADDRESS	•		6.3 STREE	T ADDRESS		
CITY OT 710			C 4 O(T)(3T 70D	, (•

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Murther 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 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.