## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000057881

Country

9. Name and Address of Current Registered Agent

25

MAAS, JOHN P ESQUIRE

44 NE 16 STREET HOMESTEAD FL 33030

HOT NAILS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

12368 QUAIL ROOST DRIVE

MIAMI FL 33177

22

23

24

Zip

Mailing Address

12368 QUAIL ROOST DRIVE MIAMI FL 33177

2a. Mailing Address

City & State

Suite, Apt. #, etc.

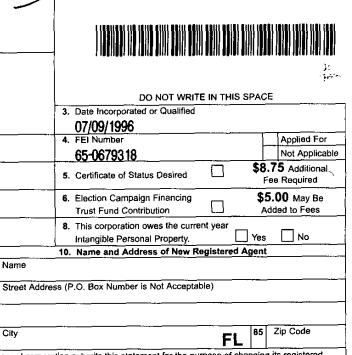
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Zip

FILED Jul 14, 1999 8:00 am Secretary of State 07-14-1999 90007 004 \*\*\*150.00



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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. \_\_\_ Addition 1.1 TITLE Change TITLE DELETE NGUYEN, THANG 1.2 NAME NAME 23095 SW 187 AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33170** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Addition DELETE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Addition DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change noitibhA 4.1 TITLE ☐ DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME > NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Country

81

83

84 City

30

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. 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 AND T TED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

## 587826-9007-4 P96000057881

DEAR DIVISIM OF CORPSERISONS

I didn't get annual
Report for I times.

Please Chuck Record,

Thank for for four help

I really apprecials

What for have done

JN Mc.

Jumps

Hot NAINTING