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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000072391 (1)

## FILED Jan 28 1998 8:00am Secretary of State

NAILS FASHION, INC. Principal Place of Business Mailing Address 11350 SW 42ND ST 11350 SW 42ND ST MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1996 2. Principal Place of Business 2a. Mailing Address FE! Number Applied For 21 26 65-0694880 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KNAPP-MIRANDA, EVELYN 11350 SW 42ND ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 83 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, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. n TITLE DELETE 1.1 TITLE Change Addition KNAPP-MIRANDA, EVELYN NAME 1.2 NAME 11350 SW 42ND ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-7IP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE \_\_\_ Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

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 eath; 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:

8 (305) 2699363

**CR2E034**