

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

**FILED**  
**Oct 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000082588  
 1. Corporation Name: NIL'S NAILS AND BEAUTY WORKS, INC.

Principal Place of Business: <u>9652 SW 72 ST MIAMI FLA 33173</u>	Mailing Address: <u>5120 SW 96 AVE MIAMI, FL 33165</u>
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2. Principal Place of Business: 21. Suite Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address: 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <u>10/07/1996</u>	Applied For Not Applicable
4. FEI Number <u>65-0698187</u>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
LOPEZ, NILDA V  
5120 SW 96TH AVE.  
MIAMI FL 33165

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<u>FL</u>

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: \_\_\_\_\_ (NOTE: If registered Agent signature required, which is not stated, Date: \_\_\_\_\_)

**12. OFFICERS AND DIRECTORS**

TITLE	<u>DD.</u>	<input type="checkbox"/> DELETE
NAME	<u>LOPEZ, NILDA V</u>	
STREET ADDRESS	<u>5120 SW 96TH AVE</u>	
CITY- ST- ZIP	<u>MIAMI FL 33165</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<u>300002660923</u>
33. STREET ADDRESS	<u>-10/09/98--01086--036</u>
34. CITY- ST- ZIP	<u>***150.00</u>
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 oath; that I am an officer or director of the corporation or the receiver or trustee or 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:** Nilda V. Lopez 10-5-98

CR2E034 (10/97)

B. 94-98

NIL'S NAILS AND BEAUTY WORKS, INC.  
9652 S.W. 72nd ST  
MIAMI, FLORIDA 33173

SECRETARY OF STATE  
CORPORATION ANNUAL REPORT  
PO BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

FEI NUMBER 65-0698187

Please be advised that I have  
asked in different occasions requesting  
the Annual Report Form, on of this date  
I have not received it. Please accept  
this check for the amount of \$150.00  
to cover fee.

Sincerely,

Wanda V. Lopez  
President.