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 # P9700063656 (7)

NIKKI'S NAILS NOUVEAU, INC.

Principal Place of	Business	Mailing Address			4 1981)1981 (10 (0)11 (0)11 00)10 00)100000000	ISAD LINED BULDE MINSTE BEIN FADI
12715 S. DIXIE HWY MIAMI FL 33156		12715 S. DIXIE F Miami Fl 33156	12715 S. DIXIE HWY MIAMI FL 33156		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
9 Principal Place	2. Principal Place of Business		2a. Mailing Address		07/23/1997 4. FEI Number	Applied For
21		} ₁	[26]		105-0771469	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip	30	Country	8. This corporation owes or has paid the cu	
	Name and Address of Co	11	1751		10. Name and Address of New Registered	Agent
CHOOS, S. SCOTT ATTY 15600 SW 288 STREET SUITE 312 HOMESTEAD FL 33033				82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
					·	
agent. Lam fa	a m iliar with, and accept the o	obligations of, Section 607.0	0505, Florida l	Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I am fa SIGNATURE	amiliar with, and accept the order types or prostor and accept the order types or prostor accept the state of	obligations of, Section 607.0	0505, Florida (NOTI Tingis	e above-named corrized by the corpora Statutes. Statutes.		
agent. I am fa SIGNATURE Sign 12.	amiliar with, and accept the called accept the c	obligations of Section 607.0	0505, Florida l	Statutes. stored Agent signature requ	uired when reinstating) DATE	
agent. I am fe SIGNATURE 12. TITLE NAME STREET ADDRESS	amiliar with, and accept the officers OFFICERS PD CONDE, DANIEL 8881B FOUNTAINBLEAU	obligations of, Section 607.0 edages and the Leignisable S AND DIRECTORS	(NOTE Regis	Statutes. stored Agent signature requ	uired when reinstating) DATE	ID DIRECTORS IN 12
Agent. I am fe SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	amiliar with, and accept the officers OFFICERS PD CONDE, DANIEL 8881B FOUNTAINBLEAU MIAMI FL 33172	obligations of, Section 607.0 ed agest and the degree able S AND DIRECTORS DEL BLVD, #402	(NOTE Hegis	Statutos. stored Agent signature requ 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating) DATE	ID DIRECTORS IN 12 Change Addition
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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 supplienced a minute feport is free 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it changed, or on an attachment with an address

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 City-\$1-7IP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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STREET ADDRESS

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Nicole Corde

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Change

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Addition

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FILED

May 11 1998 8:00am

Secretary of State