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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063656

1. Corporation Name

NIKKI'S NAILS NOUVEAU, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90174 006 ***150.00



Principal Place of Business Mailing Address						- I COOLIMOL (IN SOLIC LADEL ADSE) ORING DE		11100 (III)		1118 0 111 1001		
1												
12715 S. DIXIE HWY												
MIAMI FL 33130							DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed					
			4				07/23/1997					
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number			Ann	lied For	
21		26					65-0771469		<u> </u>		Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					03 017 1403		\$8.7		Iditional	
22	<i>n</i> , στο.	27					5. Certifcate of Status Desired	1		e Req		
City & State	Α	City & State					6 Significan Companies Significan					
- ·	¬ ·						6. Election Campaign Financing Trust Fund Contribution]		.UU M ded to	1ay Be	
			Country				 			160 10	1662	
	25	29	30	,			This corporation owes the current personal Property Tax.	ear inte	angibie ☐ Yes	ď	50 00	
24	9. Name and Address of Current	<u> </u>	30				10. Name and Address of New Regi	storod (
	J. Haine and Address of Current	Kegistered Agent		81	Nan		TV. Name and Address of New Regi	Nei en A	tgent			
CHOOS, S. SCOTT ATTY 15600 SW 288 STREET SUITE 312					Ivan	110					Ì	
					Stre	et Addres	ss (P.O. Box Number is Not Acceptable)					
					<u> </u>							
HOMESTEAD FL 33033				83]						Ì	
пом	ICOTEAD FL 33033			84	City	 _			85	Zip Co	nde	
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office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligation	f Florida. Such change was :	authorized	f by	the co	ed corpor orporation	ration submits this statement for the purp 's board of directors. I hereby accept the	ose of o	changing itment a	g its regi:	egistered stered	
SIGNATURE	FI	AND II	F. 6. Ta	4				DATE				
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agen	n sagriau	ure required v	when reinstating) ADDITIONS/CHANGES TO OFFICE		n DIRE	CTOR	S IN 12	
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR