

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000099546**
1. Corporation Name
USA NAILS, INC.

Principal Place of Business: **3015 NW 74th St. Miami, FL 33147**
Mailing Address: **(SAME)**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/97**

4. FFI Number: **65-0795269** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	LAISETTE RIBEIRO DASIWA
82	Street Address (P.O. Box or Number - Not Applicable)	6815 ABBOTT AVE.
83	City & State	#2
84	City	MIAMI BEACH
85	State Code	FL
86	Zip Code	33141

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: *Laíssete Ribeiro da Silva* **LAISETTE RIBEIRO DASIWA** DATE: **4/27/98**

12. OFFICERS AND DIRECTORS

TITLE	PID	<input checked="" type="checkbox"/> DELETE
NAME	DAIWA	
STREET ADDRESS	3015 NW 74th St #2-2	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	PID	<input type="checkbox"/> DELETE
NAME	LAISETTE RIBEIRO DA SILVA	
STREET ADDRESS	6815 ABBOTT AVE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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	PLEASE DELETE	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	PLEASE ADD	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of a changed or of an attached new address.

SIGNATURE: *Laíssete Ribeiro da Silva* **LAISETTE RIBEIRO DASIWA** DATE: **4/27/98** COUNTY: **MIAMI** DISTRICT: **866-2797**

CR2E034 (10/97)