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 # P980000 1809 L 1. Corporation Name

NOI LA NAILS INC

May 17, 1999 8:00 am Secretary of State

05-17-1999 90063 046 ***150.00

Principal Place	of Business	Mailing Address						
661	Blanding Blv	ste 202						
661 Blanding Blvd ste 303						DO NOT WRITE IN THIS SPACE		
Orange Park, F1 32073						3. Date Incorporated or Qualifed		
0.01	inge form, it	040 13				12/29/9	8	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-3497010		ot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional equired
City & State		City & State				0.51.6.0		•
23		28				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation owes the current ye		
24	25	 	30	•		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		\equiv		10. Name and Address of New Regis	tered Agent	
TRI 1	NGUYEN		1	81	Name			
661 Blanding Blud Ste 301			ļ.	82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
ora	nge Parky F1 3	52073	[83				
	9			84	City		FL 85 Zip	Code
						ration submits this statement for the purpo	se of changing its	
office or req agent. I am	gistered agent, or both, in the State of i familiar with, and accept the obligatio	Florida. Such change was au ons of, Section 607.0505, Flor	uthorized ida Statut	by th tes.	ne corporation	n's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE	, , ,							
5	Ignature, typed or printed name of registered agent a		-	Agent	signature required		TE DIDECTO	NDO IN 40
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	□ Addition
NAME (PIESIMEIII		i i	1.1 TITLE 1.2 NAME			□ Change	Addition
STREET ADDRESS	TRI NGUYEN 578-02-2344		1		ADDRESS			
CITY-ST-ZIP	Orange Park, FI	32072	1.3 3 IN					
	v. President	□ DELETE	2.1 TITL	_	-		Change	☐ Addition
NAME	LOAN NOUYEN 4	38-41-6614	2.2 NAM	ΛE				_
STREET ADDRESS	1064 Rene Court		2.3 STR	REETA	NDDRESS			
CITY-ST-ZIP	orange Park FI	32072	2. 4 CIT					
TITLE				3 1 TITLE			☐ Change	Addition
NAME	*		3.2 NAM	Æ				
STREET ADDRESS			3.3 STR	EET A	NDDRESS			
CITY-ST-ZIP			34 CIT	Y-ST	ZIP			
TITLE		☐ DELETE	4.1 TI∏.	Ε			Change	☐ Addition
NAME			4. 2 NAM	ΜE				
STREET ADDRESS			4.3 STR	EETA	DORESS			
CITY-ST-ZIP			-	CITY-ST-ZIP				
TITLE		i i		1 TITLE			☐ Change	Addition
NAME			5.2 NAV					i
STREET ADDRESS					DORESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY		ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			63 STR					
STREET ADDRESS			6.3 STR					

indicated on this annual report or supplied with risk ming does not quality for the exemption stated in Section 119.07(3)(f), 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, pron an attachment with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)