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**

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90112 023 ***150.00

DOCUMENT # P98000088393	
FOREVER NAILS & SKIN CARE, INC.	

Principal Place	e of Business	Mailing Address	-,,			181 IAIA1 (ATRA 1117A	18188 INT 1681
1871 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020		WAY		DO NOT WRITE IN TH	IIS SPACE		
					Date Incorporated or Qualifed 10/16/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26 16286 N.W. 19	1th :	St.	65-0868925	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27		-	3OBTRICATE OF STATES DOSITOR 1.	Fee Re	quired
City & Stat	e		e5,	Florida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip G	Country		8. This corporation owes the current year		_
24	25	29 33028 30	US	<i>[</i> Τ	Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent	04	Line	10. Name and Address of New Registere	d Agent	
Δ3.4E	RILAWYER		81	Name			-
	ALMERIA AVENUE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	AL GABLES FL 33134		_		-		
001	AL GABLES I E GOTG		83				
		•	84	City	F	L 85 Zip C	ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	rized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as reg	registered jistered
•		, .					l
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regi	stered Age	nt signature required	d when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	ROMAO, LORI A		1.2 NAME				,
STREET ADDRESS	1871 NORTH FEDERAL HIGHW	VAY	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020	<u></u>	1.4 CITY-S	T-ZIP			
TITLE	SVD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	ROMAO, JOSE A JR.		2.2 NAME				İ
STREET ADDRESS	1871 NORTH FEDERAL HIGHW	VAY	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-5	ST- ZIP	**		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME			;	
STREET ADDRESS			3.3 STREE	TADDRESS			
C/TY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		_	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u>. </u>	Channe	Addition
TITLE			5.1 TITLE 5.2 NAME			☐ Change	Addition
NAME				T ADDDESO			
STREET ADDRESS				TADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-ZIP		□ Chanas	Addition
TITLE		ے محدد ا			•	☐ Change	☐ Addition
NAME			6.2 NAME]
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			6.4 CITY-S	T-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 of thustee 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.

SIGNATURE: