## 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 # P98000098343

1. Corporation Name

NAILS BY DOMINIQUE, INC.

Principal Place of Business	Mailing Address
811 NW 37TH AVENUE MIAMI FL 33125	811 NW 37TH AVENUE Miami FL 33125

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90156 020 \*\*\*150.00



Principal Place	of Pusiness	Mailing Address		. [ [44]]#4] (18] [41]] [41] [41] [41] [41] [41] [41] [4	
·		811 NW 37TH AVENUE			
811 NW 37TH A		MIAMI FL 33125		,	
MINNI IL SSIZO	,			DO NOT WRITE IN THIS SPACE	7
				3. Date Incorporated or Qualifed	-
				11/23/1998	4
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number  Applied For  Applied For	վ-
21		- 26		-105 - 0080 / 93 Not Applicable	$\dashv$
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
22	<u> </u>	27		A= 00	$\dashv$
City & State	<b>e</b> ´	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	1
23		28	Country	Trade to the Control of the Control	1
Zip	Country	— — — —	Journay	8. This corporation owes the current year Intangible Personal Property Tax.  Yes No	
24	25	29 30	<del></del> _	10. Name and Address of New Registered Agent	1
	9. Name and Address of Currer	nt Registered Agent	81 Name	IV, Hallio dile Nestono	7
VALE	ERA, XIOMARA				4
	NW 37TH AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	WI FL 33125		83		7
i initali	111 1 2 00 120				
			84 City	FL 85 Zip Code	Ţ
		20 - 4 COZ 4COG Elecido Statutos th	a above named corno	rection submits this statement for the purpose of changing its registered	┪
-ff or -	existered agent of both in the State	of Fiorida, Such change was author	IZEG DY LIFE COLDOLAGO	n's board of directors. I hereby accept the appointment as registered	
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Florida S	Statutes.	•	
SIGNATURE		ALE TELE	tered Agent signature required	when reinstation) DATE	
<u> </u>	Signature, typed or printed name of registered age		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	٦
12.	PTSD		I.1 TITLE	☐ Change ☐ Addition	ın
TITLE	VALERA; XIOMARA		1.2 NAME	·	}
NAME	ALL AND ASSESSMENT ALIENATE		1.3 STREET ADDRESS		
STREET ADDRESS	1 7 7		1.4 CITY-ST-ZIP		. 1
CITY-ST-ZIP	MIAMI FL 33125		2.1 TITLE	Change Addition	n
TITLE			22 NAME	the second secon	
NAME			2.3 STREET ADDRESS	The state of the s	
STREET ADDRESS			2. 4 CITY-ST-ZIP		ļ
CITY-ST-ZIP			3.1 TITLE	☐ Change ☐ Addition	'n
TITLE		_	3.2 NAME		1
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE	☐ Change ☐ Additi	'n
TITLE		_	4. 2 NAME		
NAME	}		4.3 STREET ADDRESS		1
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP			5.1 TITLE	☐ Change ☐ Additi	ж
TITLE			5.2 NAME	•	
NAME			5.3 STREET ADDRESS		- }
STREET ADDRESS	·		5.4 CITY-ST-ZIP	•	
CITY-ST-ZIP	1				
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I (	1 2477	☐ DELETE	6.1 TITLE 6.2 NAME	Change Additi	on
NAME		□ DELETE	6.2 NAME	Change ☐ Additi	on (
NAME		□ DELETE		Change ☐ Additi	on [

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.

SIGNATURE: \_

Daytime Phone #