

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V10977 (9)
 1. Corporation Name
FASHION NAILS, INC.



Principal Place of Business 200 S. BISCAYNE BLVD. SUITE 4800 MIAMI FL 33131 US	Mailing Address C/O PENINSULA REGISTERED AGENTS, INC 200 S BISCAYNE BLVD.. #4874 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Southeast Third Avenue Suite, Apt. #, etc. 22 27th Floor City & State 23 Miami, FL Zip 24 33131	2a. Mailing Address 26 One Southeast Third Avenue Suite, Apt. #, etc. 27 27th Floor City & State 28 Miami, FL Zip 29 33131
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3. Date Incorporated or Qualified 01/30/1992	4. FEI Number 65-0314180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year's tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS INC.
PENTHOUSE, ATICO FINANCIAL CENTER
200 SE 1ST ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name American Information Services, Inc	82 Street Address (P.O. Box Number is Not Acceptable) One Southeast Third Avenue	83 27th Floor	84 City Miami	85 Zip Code FL 33131
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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 *Magne C. V. [Signature]* Vice President
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **2/10/98**

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME JENKINS, NEVIN C.	
STREET ADDRESS 132A	
CITY-ST-ZIP HOMOSASSA FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME FLEIT, MARTIN	
STREET ADDRESS 520 BRICKELL KEY DRIVE, #A-20	
CITY-ST-ZIP MIAMI FL	
TITLE DVP	<input type="checkbox"/> DELETE
NAME HAGAR, GREGORY BRANNE	
STREET ADDRESS 950 W MAIN ST	
CITY-ST-ZIP INVERNESS FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Magne C. V. [Signature]* Secretary

DATE **2/10/98**

CR2E034 (10/97)