

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

FILED

Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V44232** (9)  
1. Corporation Name  
**ALINA NAILS, INC.**



Principal Place of Business Mailing Address  
**155 SUNNY ISLES BLVD  
N MIAMI BEACH FL 33160** **155 SUNNY ISLES BLVD  
N MIAMI BEACH FL 33160-4206**

3. Date Incorporated or Qualified **06/15/1992** 3a. Date of Last Report **07/18/1996**  
4. FEI Number **65-0339566** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**BURRLADER, CSHIFRA  
155 SUNNY ISLES BLVD  
N MIAMI BEACH FL 33162-3316**  
10. Name and Address of New Registered Agent  
81 Name **EKATERINA KIRITCHENKO**  
82 Street Address (P.O. Box Number is Not Acceptable) **155 SUNNY ISLES BLVD**  
83  
84 City **N MIAMI BEACH** FL 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 607.050(2) and 607.150(4), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agents to 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 and I understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3.9.97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>BURRLADER, CSHIFRA</b>	1.2 NAME	
STREET ADDRESS	<b>155 SUNNY ISLES BLVD</b>	1.3 STREET ADDRESS	<b>155 SUNNY ISLES BLVD</b>
CITY - ST - ZIP	<b>N MIAMI BEACH FL 33160</b>	1.4 CITY - ST - ZIP	<b>N MIAMI BEACH FL 33160</b>
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information provided 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 understand the effect of this filing for 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 10 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3.9.97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)