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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

1. Corporatio	n Name	7849				
PROFILE NAILS INC.						
Principal Plac	e of Business	Mailing Addre	SA	ME		
6601 S.W. 8H 16						
MIANI, 91. 33144					3. Date Incorporated or Qualified	3a. Date of Last Report
ACTION OF THE				•	07/10/92	
2. Principa Piace of Business 2a. Mailing Ad					4. FEI Number	Applied For
Safe Act # 100		26 S A Suite, Apt.			65-034752	
22 27			Jite, Apt. #, Glo.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	£1	City & Stat	e		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
2g 101	Country	Zip		Country	8. This corporation has liability for it	ntangible tax under s. 199.032.
24	9. Name and Address of C	29 Surrent Registered Agen	30 t	1	Florida Statutes 10. Name and Address of New Re	
81 Name						
105	ADA, NAA	, A C.		82 Street A	ddress (P.O. Box Number is Not Acceptab	e)
6601 S. W. 8 At #6						
660	1 5. W.S	40 46		83		
MIA	41, 21.3:	3144		84 City		FL 85 Z+p Code
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. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes.						
ager i La	im familiar with and accept the	obligations of Section 60	7.0505, Florida	a Statutes.		
SIGNATURE	51 and the type dior photoal hadio of register	nco ager Lang little r aggreation	tNO1£ Re	gistered Agent signature re	quired when renetating)	DATE
12.		S AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	
F-20 F	D.		DELETE	1.1 TITLE		Change Addition
NAM:	PASADA, MI	ANIA Q.		1.2 NAME		
STREET MECHESIS	105ADA, MI 6601 5.W. MIAUI, 91.	8 Lt 46		1.3 STREET ADDRESS		
CITY-ST ZIF	11.44.21	33/44 1	DELETE	1.4 CITY-ST-ZIP		Change Addition
DILE NAM:	M 177 - 7 G-1	- · · · · ·	טנכנונ	2.1 TITLE 2.2 NAME		C Change C Addition
STREE ADJUSTES				23 STREET ADDRESS		
f (Y-S) 70				2 4 CITY-ST _E ZIP		
1171.6			DELETE	31 TITLE		Change Addition
NAM:				3.2 NAME		
STREET ACCESS			1	3.3 STREET ADDRESS		
048 51 78	ng co ngo ngo ng 1 ng 1 ng Madalaha da ka ng Mangangan ng mga ng			34. CITY-ST-ZIP		
fil.F		L	DELETE	41 TITLE		Change Addition
NAME.			l l	4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CHY 5[-Zo			DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
1 114			OLIETE	52 NAME		
NAME Statefal mass				5.3 STREET ADDRESS		es 5/6/97
SUBSECUL BESS				5.4 CITY-ST-ZIP		-,-,,,
- 6115 SE 705 - 1051			DELETÉ	61 TillE	The state of the s	Change Addition
NAME		_		62 NAME	60000217 -05/08/970100 ***165.00	0656
STREET ADE 1911				63 STREET ADDRESS	-05/08/970100	08012
Cir St 70				6 4 €(TY - ST - ZIP	***165,00	

14. Let needly cert by 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 path; that I are an other or director of the corporation or the receiving or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to Black 12 or Black 13 if chapted, or on an appearance Black 12 or Black 13 if chapted, or on an appearance Black 12 or Black 13 if chapted.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: (

FILED

May 06 1997 8:00am

Secretary of State