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Mar 21 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 # 501144 (0)  
1. Corporation Name:  
CENTENNIAL COSMETIC CORPORATION



Principal Place of Business: 14101 NW 4TH STREET, SUNRISE FL 33325, US  
Mailing Address: 14101 NW 4TH STREET, SUNRISE FL 33325-6209, US

3. Date Incorporated or Qualified: 04/13/1976  
3a. Date of Last Report: 02/07/1996  
4. FEI Number: 59-1670557  
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: [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent  
RILEY, FRANCIS X.  
14101 NW 4TH STREET  
SUNRISE FL 33325

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
NAME: PD RILEY, FRANCIS X.  
STREET ADDRESS: 14101 NW 4TH STREET  
CITY-ST-ZIP: SUNRISE FL  
TITLE: D  
NAME: RILEY, HELEN  
STREET ADDRESS: 14101 NW 4TH STREET  
CITY-ST-ZIP: SUNRISE FL  
[ ] DELETE  
[ ] DELETE  
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[ ] DELETE  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE [ ] Change [ ] Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE [ ] Change [ ] Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE [ ] Change [ ] Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE [ ] Change [ ] Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE [ ] Change [ ] Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE [ ] Change [ ] Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I declare and 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)