FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000001031 (4)**

1. Corporation Name

BARI COSMETICS, LTD. INC.

Principal Place of Business	Mailing Address
315 TEMPLE HILL ROAD NEW WINDSOR NY 12550	315 TEMPLE HILL ROAD NEW WINDSOR NY 12550

3. Date Incorporated or Qualified: **02/24/1993**
3a. Date of Last Report: **06/20/1995**

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

4. FEI Number: **06-1099468** ☐ 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

9. Name and Address of Current Registered Agent

HARKNESS, DONALD
EXECUTIVE SUITES 901
MARTIN DOWNS BLVD., 2ND FL RECEPTION
PALM CITY FL 34990

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (New Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARKNESS, DONALD		1.2 NAME	
STREET ADDRESS	MARTIN DOWNS BLVD., EXECUTIVE SUITES 901		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP	
TITLE	DVCS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAFFEI, MARIO		2.2 NAME	
STREET ADDRESS	26 STILES LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MAFFEI, MARIO		3.2 NAME	
STREET ADDRESS	26 STILES LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831		3.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROTH, ROBERT		4.2 NAME	
STREET ADDRESS	14 LINDA ANN DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WALLKILL NY 12589		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Donald L. Harkness 4-23-96 (914)561-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONALD L. HARKNESS