

F96000000409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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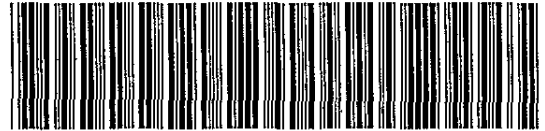
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations *Foreign Profit - African Pride Co.*

**SUBJECT:** *Cross-Reference - A.P. Products Ltd. Corp.*  
(Name of corporation)

**DOCUMENT NUMBER:** *F96000000409*

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

*Susan Coleman, Paralegal*  
(Name of Person)

*Columer USA*  
(Firm/Company)

*P.O. Box 37557*  
(Address)

*Jacksnville, FL 32236*  
(City/State and Zip code)

For further information concerning this matter, please call:

*Susan Coleman* at *(904) 378-4109*  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

*Foreign Profit - African Pride Co.*

*Cross-Reference Name - A.P. Products Ltd. Corp.*  
(Name of Corporation)

*F96000000409*

(Document Number of Corporation (if known))

*New York*

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

*P.O. Box 37557*

(Mailing Address)

*Jacksonville FL 32236*

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*Carol Miranda*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

*Carol Miranda*

(Typed or printed name of person signing)

*1-28-05*

(Date)

*Vice-President  
Senior Corporate Counsel*

(Title of person signing)

*Secretary of  
Roux Laboratories  
Inc. (see attached  
copy of Certificate  
of Merger)*

**FILING FEE \$35**

FILED  
05 JAN 31 2005  
FALL HAVEN, FLORIDA  
CLERK OF THE STATE