

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90094 019 ***150.00

DOCUMENT # F98000006924

1. Corporation Name

COSMETICS OF FRANCE, INC.

Principal Place of Business

TWO PARK AVENUE, SUITE 1830
NEW YORK NY 10016

Mailing Address

TWO PARK AVENUE, SUITE 1830
NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

13-3531601

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	P
NAME	CHOEL, PATRICK	1.2 NAME	ANDRE de BAUSSET
STREET ADDRESS	TWO PARK AVENUE, SUITE 1830	1.3 STREET ADDRESS	TWO PARK AVENUE SUITE 1830
CITY-ST-ZIP	NEW YORK NY 10016	1.4 CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	DV	2.1 TITLE	V
NAME	INGRAM, BRUCE G	2.2 NAME	RAUL DAVILA
STREET ADDRESS	TWO PARK AVENUE, SUITE 1830	2.3 STREET ADDRESS	TWO PARK AVENUE SUITE 1830
CITY-ST-ZIP	NEW YORK NY 10016	2.4 CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	V	3.1 TITLE	V
NAME	WILKINS, LARRY	3.2 NAME	MICHAEL T. FOLKMAN
STREET ADDRESS	TWO PARK AVENUE, SUITE 1830	3.3 STREET ADDRESS	TWO PARK AVENUE SUITE 1830
CITY-ST-ZIP	NEW YORK NY 10016	3.4 CITY-ST-ZIP	NEW YORK, N.Y. 10016
TITLE	S	4.1 TITLE	
NAME	LEVIN, ANNA H	4.2 NAME	
STREET ADDRESS	TWO PARK AVENUE, SUITE 1830	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)