FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11633** **(5)**

1. Corporation Name
REVLON HOLDINGS INC.

Principal Place of Business	Mailing Address
625 MADISON AVE. NEW YORK NY 10022	%TAX DEPARTMENT 625 MADISON AVE. NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/30/1986	05/01/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-3286297 ☐ 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	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	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 (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	PERELMAN, RONALD O.	12 NAME		
STREET ADDRESS	35 E. 62ND ST.	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	LEVIN, JERRY W.	22 NAME		
STREET ADDRESS	625 MADDISON AVE.	23 STREET ADDRESS	625 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10022	24 CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	DEDDENS, CARL J.	32 NAME		
STREET ADDRESS	625 MADISON AVE	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	NICHOLAS, WADE H. III	42 NAME		
STREET ADDRESS	625 MADISON AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022	44 CITY-ST-ZIP		
TITLE	VAS	51 TITLE	AT	☐ Change ☒ Addition
NAME	DICKES, GLENN P	52 NAME	ELLIOTT, LAWRENCE	
STREET ADDRESS	38 E. 63RD ST.	53 STREET ADDRESS	2147 ROUTE 27	
CITY-ST-ZIP	NEW YORK NY 10021	54 CITY-ST-ZIP	EDISON, NJ 08818	
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	DESSEN, STANLEY B.	62 NAME		
STREET ADDRESS	625 MADISON AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022	64 CITY-ST-ZIP		

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)(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: Lawrence Elliott LAWRENCE ELLIOTT 2/22/95 908-287-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0001177 CP