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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED PROFIT Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P31823 (8)LA PRAIRIE INSTITUT DE BEAUTE, INC. Principal Place of Business Mailing Address 30 ETHEL ROAD EDISON NJ 08817 30 ETHEL ROAD EDISON NJ 08817 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/16/1990 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 22-2361830 Not Applicable Suite, Apt. #, etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζιρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPARKMAN, T. KENDALL RUBIN, BAUM, LEVIN, ET AL R2 Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCYANE BLVD., SUTIE 2500 83 MIAMI FL 33131-2336 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE __ Change Addition STOLZENBERG, HAROLD NAME 1.2 NAME 31 WEST 52ND ST. STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Addition FANTI, TIM NAME 2 2 NAME 31 WEST 52ND ST. STREET ADDRESS 23 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition FLORIO, LYNNE NAME 3.2 NAME 31 WEST 52ND ST STREET ADORESS 3.3 STREET ADDRESS NEW YORK NY CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition RICHARDSON, ANNUNZIATA NAME 4. 2 NAME STREET ADDRESS 30 ETHEL RD. 4.3 STREET ADDRESS EDISON NJ CITY-ST-7IP 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 DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

2/23/98

64 CITY-ST-ZIP 14. Thereby 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 suppliemental 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