

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

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**May 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000079266 (9)
1. Corporation Name
MESUA INTERNATIONAL COSMETIC LABORATORIES, INC.



Principal Place of Business 1300 CORAL WAY SUITE 201 MIAMI FL 33145	Mailing Address 1300 CORAL WAY SUITE 201 MIAMI FL 33145-2804
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3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 06/18/1996
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2. Principal Place of Business 21 1900 BRICKELL AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 1900 BRICKELL AVENUE Suite, Apt. #, etc.
22 City & State MIAMI FLORIDA	27 City & State MIAMI FLORIDA
23 Zip 33129	24 Zip 33129
25 Country DADE/USA	29 Country USA/DADE

4. FEI Number 65-0628686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DORTA, GONZALO R
1401 BRICKELL AVENUE
SUITE 650
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name ROBERT W. RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable) 782 N.W. AZ. AVE.
83 SUITE 541
84 City MIAMI
85 State FL
86 Zip Code 33126

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: ROBERT W. RODRIGUEZ (REGISTERED AGENT) DATE: **4/29/97**

Signature required or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SUAREZ-MENENDEZ, JORGE	
STREET ADDRESS 1300 CORAL WAY SUITE 201	
CITY-ST-ZIP MIAMI FL 33145	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JORGE SUAREZ-MENENDEZ	
1.3 STREET ADDRESS 1900 BRICKELL AVENUE	
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33129	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Jorge Suarez-Mendez DATE: _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)