

T98000000359

OFFICE USE ONLY (Document #)

G.L.C. & D. Corporation

(Requestor's Name)

4776 NW 132nd St.

(Address)

Opa Locka Fl 33054

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #) 200002426512--4
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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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REGISTRATION/ QUALIFICATION	
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
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~~108-2872~~

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Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 9, 1998

G.L.C. & D. CORPORATION
4176 NW 132ND STREET
OPA LOCKA, FL 33054

SUBJECT: GOTAS DE ORO
Ref. Number: W98000002877

We have received your document for GOTAS DE ORO and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because this office is responsible for administering various chapters of the Florida Statutes in addition to Chapter 495, F.S., every business entity listed as the owner/applicant of a mark must have an active registration/filing on file with this office before this filing can be completed. Therefore, we are enclosing the appropriate instructions and/or forms for your convenience.

Please provide this office with an English translation of your mark or a statement that the mark does not have a translation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6917.

Gretchen Harvey
Corporate Specialist Supervisor

Letter Number: 098A00007358

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APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

G. L. C. + D. Corp.
4176 N.W. 132 ST.
OPA LOCKA, FL 33054
(305) 1685-0488
Daytime Telephone number

PART I

1. (a) Applicant's name: INSTITUTO ESPAÑOL, S.A. ✓

(b) Applicant's business address: Ave. Republica ARGENTINA #22-B.
Sevilla, ESPAÑA 410011
City/State/Zip

(c) Applicant's telephone number: (345) 427-0505
 Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: N/A F98000001635 (2) Domicile State: _____

(3) Federal Employer Identification Number: N/A

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Class 35

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(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

Splash Cologne

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Brochures, + labels

(Continued)

d) The class(es) in which goods or services fall:

Health + Beauty Aid 3

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 7/3/1903 (b) Date first used in Florida: 12-24-97

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

GOTAS de ORO
Drops of Gold.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " APART FROM THE MARK AS SHOWN.

I, MARIA DEL C. LOPEZ, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

MARIA DEL C. LOPEZ

Typed or printed name of applicant

[Signature]

Applicant's signature or authorized person's signature

(List name and title)

STATE OF FLORIDA

COUNTY OF DADE

On this 28th day of January, 1998, SHE personally appeared before me,

who is personally known to me whose identity I proved on the basis of DRIVERS LICENSE

(Seal)

[Signature]

Notary Public Signature

Carolyn Gillam

Notary's Printed Name

My Commission Expires:

FEE: \$87.50 per class



Carolyn Gillam
Notary Public, State of Florida
Commission No. CC 454968
My Commission Expires 06/12/99

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Gotas de Oro



Agua de Colonia fresca,
estimulante y transparente cuya
fórmula viene elaborándose desde
1903 con la máxima garantía de
calidad y en la tradición de la
mejor perfumería europea.

INGREDIENTS: ETHYL ALCOHOL, WATER AND FRAGRANCE

750 ml. 25 FL. OZ. e



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