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Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770697 (1)

1. Corporation Name

FLORIDA COSMETIC AND PHARMACEUTICAL MANUFACTURING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2046 MC KINLEY STREET
HOLLYWOOD FL 330202046 MC KINLEY STREET
HOLLYWOOD FL 33020-31193. Date Incorporated or Qualified
10/11/19833a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 2450 Hollywood Blvd

26 2450 Hollywood Blvd

Suite, Apt. #, etc.
22 Suite 405Suite, Apt. #, etc.
27 Suite 405City & State
23 Hollywood, FLCity & State
28 Hollywood, FLZip
24 33020Country
25 USAZip
29 33020Country
30 USA

4. FEI Number

59-2343590

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

SAYOC, MADELINE

2046 MC KINLEY STREET

SUITE 4

HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2450 Hollywood Blvd
Suite 405

84 City

Hollywood

FL

85 Zip Code
33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETENAME
PD
SAYOC, MADELINE
STREET ADDRESS
18151 N.E. 31ST COURT
CITY - ST - ZIP
NORTH MIAMI BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETENAME
VD
COYLE, JAMES
STREET ADDRESS
19508 BOB-O-LINK DRIVE
CITY - ST - ZIP
MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETENAME
SD
LENARDSON, ROSINA
STREET ADDRESS
41 NW 105TH ST.
CITY - ST - ZIP
MIAMI SHORES FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

By Madeline Sayoc Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORMadeline Sayoc 1/8/97
Date954-921-2171
Daytime Phone # 0021362

CR2E037 (9/96)