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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31823

(8)

LA PRAIRIE INSTITUT DE BEAUTE, INC.

FILED Mar 07 1997 8:00am Secretary of State



Principal Place ID ETHEL ROAD IDISON NJ 08817 2. Principal Pla		Mailing Address 30 ETHEL ROAD EDISON NJ 08817-2249 2a. Mailing Address 26	30 ETHEL ROAD EDISON NJ 08817-2249 2a. Mailing Address			3. Date Incorporated or Qualified 11/16/1990 4. FEI Number 22-2361830 Applied For Not Applicable						
Suite, Apt #	, etc	Suite, Apt. #, etc.				5.	Certificat	e of Status D	esired			Additional Required
City & State		City & State				6.		Campaign Fir	_			May Be
Zψ	Country	Zip	Coi	untry		8.		oration has li				
4]	25	29	30				Florida S			Yes [
	9. Name and Address of Curre	ent Registered Agent		1		10.	Name ar	d Address o	f New Re	gistered A	gent	
	KMAN, T. KENDALL	1		81	Name							
Rubin, Baum, Levin, et al 200 S. Biscyane Blvd., Sutie 2500					Street Ad	ddress (P	O. Box N	lumber is Not	Acceptab	ole)		
MAM	FL 33131-2336			83				*			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				84	City		······································			FL	85 Zip	Code
office or re- agent I au SIGNATURE	o the provisions of Sections 607.0t gistered agent, or both, in the Stat i familiar with, and accept the obli- signature, type to printed name of registered a	te of Floridal Such change w gations of, Section 607.0505 gen and tite dapplicable (as authorize , Florida Sta NOTE: Registere	ed by itules ad Age	the corpo	oration's b	operd of d	irectors. I her	reby acce	pt the appo	intment a	s registered
12.	OFFICERS A	ND DIRECTORS	13.				ADDITION	IS/CHANGES	TO OFFIC			
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JAME STREEL ADDRESS	DP Lynne, Florid 21 W. 52 St. NEW YORK NY	DELETE	3.3 5	NAME STREET	ADDRESS :	YNNE 31 1	FEST NEST NY	LORIO 52	ST.	J	X Change	☐ Additio
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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 porporation or the receiver or trustee experience to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

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Daytime Phone #