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

CORPORATION ANNUAL REPORT 1998 DOCUMENT #



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

272115

SOLAR COSMETIC LABS. INC.

Principal Place of Business 4920 N.W. 165 ST. MIAMI LAKES FL 33014 US	Mailing Address	
	4920 N.W. 165 ST. MIAMI LAKE FL 33014 US	
2. Principal Place of Business	2a. Mailing Addross	

FILED Apr 14 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1963 FEI Number Applied For 59-1022566 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Ø. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DORNBUSCH, JAIME 4920 N.W. 165 ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITI F DELETE 1 1 71716 Change X Addition DORNBUSCH, JAIME NAME 1.2 NAME HANKS, ROBERT 21150 POINT PLACE #1504 STREET ADORESS 1.3 STREET ADDRESS ONE BOSTON PLACE, SUITE 2100 **AVENTURA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP BOSTON MA 02108 DELETE Change TITLE 2.1 TITLE GARAZI, BERNARDO 2.2 NAME NAME MACLEAN, RICHARD T. 2530 NATIONSBANK PLAZA 3400 NW 192 ST C#512 STREET ADDRESS 2.3 STREET ADDRESS AVENTURA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP CHARLOTTE NC 28288 DELETE 3 1 TITLE Change TITLE GARAZI, EDWARD NAME 3.2 NAME LUNDGREN, ROBERT 14545 SW 79 COURT MIAMI FL 33158 4920 NW 165 ST STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY - \$T - ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

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 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 fitstee 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.

pres.

SIGNATURE:

(305) 621-5551