

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90094 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000006924

1. Corporation Name
COSMETICS OF FRANCE, INC.



Principal Place of Business	Mailing Address
TWO PARK AVENUE, SUITE 1830 NEW YORK NY 10016	TWO PARK AVENUE, SUITE 1830 NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3531601	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOEL, PATRICK	1.2 NAME	ANDRE de BAUSSET
STREET ADDRESS	TWO PARK AVENUE, SUITE 1830	1.3 STREET ADDRESS	TWO PARK AVENUE SUITE 1830
CITY-ST-ZIP	NEW YORK NY 10016	1.4 CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, BRUCE G	2.2 NAME	RAUL DAVILA
STREET ADDRESS	TWO PARK AVENUE, SUITE 1830	2.3 STREET ADDRESS	TWO PARK AVENUE SUITE 1830
CITY-ST-ZIP	NEW YORK NY 10016	2.4 CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINS, LARRY	3.2 NAME	MICHAEL T. FOLKMAN
STREET ADDRESS	TWO PARK AVENUE, SUITE 1830	3.3 STREET ADDRESS	TWO PARK AVENUE SUITE 1830
CITY-ST-ZIP	NEW YORK NY 10016	3.4 CITY-ST-ZIP	NEW YORK, N.Y. 10016
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, ANNA H	4.2 NAME	
STREET ADDRESS	TWO PARK AVENUE, SUITE 1830	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/1/99 Daytime Phone # _____

CR2E034 (11/98)