

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

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**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90036 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005813**

1. Corporation Name

**ESTEE LAUDER TRAVEL RETAIL SERVICES INC.**



Principal Place of Business <b>767 5TH AVENUE NEW YORK NY 10153</b>	Mailing Address <b>7 CORPORATE CENTER DR ATTN TAX DEPT MELVILLE NY 11747 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	3. Date Incorporated or Qualified <b>12/22/1993</b>	4. FEI Number <b>11-3188464</b>	Applied For <input type="checkbox"/> No Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST STE - 105 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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11. Pursuant to the provisions of Sections 607.0501 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:

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGHAMMER, FRED H	1.2 NAME	
STREET ADDRESS	767 5TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRAM, SAUL H	2.2 NAME	
STREET ADDRESS	767 5TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANUZIS, ANDRIS	3.2 NAME	
STREET ADDRESS	7 CORPORATE CENTER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORRETTO, JAMES	4.2 NAME	
STREET ADDRESS	125 PINELAWN RD	4.3 STREET ADDRESS	7 Corporate Center Drive
CITY-ST-ZIP	MELVILLE NY	4.4 CITY-ST-ZIP	Melville, NY 11747
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, JUDITH M	5.2 NAME	
STREET ADDRESS	7 CORPORATE CENTER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES PORRETTO**  
**ASSISTANT SECRETARY**

Date

**4/22/99** **56-847-6347**  
Daytime Phone #

CR2E034 (11/98)