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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **417534**

1. Corporation Name
COSMOPOLITAN COSMETICS, INC.

Principal Place of Business	Mailing Address
3223 N.W. 10TH TERRACE SUITE 601 FT. LAUDERDALE FL 33309	3223 N.W. 10TH TERRACE SUITE 601 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

3. Date Incorporated or Qualified: 01/26/1973
4. FEI Number: 59-1450018 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRONCHICK, KENNETH C 100 W. CYPRESS CREEK ROAD SUITE 910 FT. LAUDERDALE FL 33309	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Chairman	☐ Change ☒ Addition
NAME	JOLY, ALAIN		1.2 NAME	GAYDIER FRANÇOIS	
STREET ADDRESS	75 RUE D'AIGREMONT		1.3 STREET ADDRESS	Venloer Strasse 241-245	
CITY-ST-ZIP	PARIS, FRANCE 00000		1.4 CITY-ST-ZIP	50823 Koln, Germany	
TITLE	C	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	WENDIG, EDDA		2.2 NAME	SCHULTNER, Heinz Joachim	
STREET ADDRESS	75 RUE D'AIGREMONT		2.3 STREET ADDRESS	Venloer Strasse 241-245	
CITY-ST-ZIP	PARIS FR		2.4 CITY-ST-ZIP	50823 Koln, Germany	
TITLE	STD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZAMBEAUX, GEORGE P		3.2 NAME		
STREET ADDRESS	75 RUE D'AIGREMONT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PARIS FR		3.4 CITY-ST-ZIP		
TITLE	President	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROUQUETTE, THIERRY		4.2 NAME		
STREET ADDRESS	3217 NW 10TH TERR #301		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ Jan 6th 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #