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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:14

DOCUMENT # **445419** **(5)**

1. Corporation Name
COLLECTION 2000 COSMETICS, INC.

Principal Place of Business	Mailing Address
4411 N.W. 74TH AVE. MIAMI FL 33166 US	4411 N.W. 74TH AVE. MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1974
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business — 21: 7210 N.W. 77th ST.
2a. Mailing Address — 26: P.O. BOX 527561

4. FEI Number: 59-1536656 ☐ Applied For ☐ Not Applicable

22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

23: City & State: MIAMI, FLORIDA
28: City & State: MIAMI, FLORIDA

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24: Zip: 33152 — 25: Country: USA
29: Zip: 33152-7561 — 30: Country: USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLHASSEE FL 32301

10. Name and Address of New Registered Agent

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BLASSER, EDUARDO M	12 NAME	
STREET ADDRESS	251 CRANDON BLVD APT 207	13 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BLASSER, PATRICIA	22 NAME	
STREET ADDRESS	251 CRANDON BLVD APT 207	23 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	MENSZAK, AMY	32 NAME	PATRICIA BLASSER
STREET ADDRESS	6265 SW 72 ST APT E-14	33 STREET ADDRESS	251 CRANDON BLVD. APT.207
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	KEY BISCAYNE,FLA.33149
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is substantially complete and 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.

SIGNATURE: Patricia Blasser PATRICIA BLASSER 2/9/95 305-888-6889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103127 CP