

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 445419 (5)

1. Corporation Name

COLLECTION 2000 COSMETICS, INC.



Principal Place of Business

Mailing Address

7210 NW 77TH STREET
MIAMI FL 33152
US

PO BOX 527561
MIAMI FL 33152-7561
US

2. Principal Place of Business

2a. Mailing Address

21 7210 N. W. 77th Street
Suite, Apt. #, etc.

26 P. O. Box 527561
Suite, Apt. #, etc.

22 City & State
Miami, FL

27 City & State
Miami, FL

23 Zip
33166

28 Zip
33152-7561

24 Dade

29 Dade

3. Date Incorporated or Qualified

03/07/1974

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1536656

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 P
NAME BLASSER, EDUARDO M
STREET ADDRESS 251 CRANDON BLVD APT 207
CITY-ST-ZIP KEY BISCAIYNE FL

☐ DELETE

TITLE VP
NAME BLASSER, PATRICIA
STREET ADDRESS 251 CRANDON BLVD APT 207
CITY-ST-ZIP KEY BISCAIYNE FL

☐ DELETE

TITLE S
NAME BLASSER, PATRICIA
STREET ADDRESS 251 CRANDON BLVD #207
CITY-ST-ZIP KEY BISCAIYNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

P
Blasser, Eduardo M.
1111 Crandon Blvd, Apt C-1104
Key Biscayne, FL 33149

☒ Change ☐ Addition

VP
Blasser, Patricia
1111 Crandon Blvd, Apt C-1104
Key Biscayne, FL 33149

☒ Change ☐ Addition

S
Blasser, Patricia
1111 Crandon Blvd, Apt C-1104
Key Biscayne, FL 33149

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eduardo Blasser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/12/95

599-2000

CR2E034 (3/96)