

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

**FILED**  
**Jan 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 497766 (6)**  
 1. Corporation Name  
**GRANVILL COSMETICS MANUFACTURING, INC.**



Principal Place of Business Mailing Address  
**1400 20TH ST.** **1400 20TH ST.**  
**P.O. BOX 703** **P.O. BOX 703**  
**MIAMI BEACH FL 33139** **MIAMI BEACH FL 33139-1412**

3. Date Incorporated or Qualified **03/05/1976** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt #, etc.	Suite, Apt #, etc.		<b>59-2617067</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	Zip	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GRANADO, CARLOS V.</b> <b>5800 S.W. 45TH TERR.</b> <b>MIAMI FL 33189</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADO, CARLOS V.</b>	1.2 NAME	
STREET ADDRESS	<b>5800 S.W. 45TH TERR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADO, JUAN C.</b>	2.2 NAME	
STREET ADDRESS	<b>5800 S.W. 45 TERRACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADO, DEISE C.</b>	3.2 NAME	
STREET ADDRESS	<b>5800 S.W. 45 TERRACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADO, AMERICA D.</b>	4.2 NAME	
STREET ADDRESS	<b>5800 S.W. 45TH TERR.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADO, CARLOS V.</b>	5.2 NAME	
STREET ADDRESS	<b>5800 S.W. 45TH TERR.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADO, AMERICA D.</b>	6.2 NAME	
STREET ADDRESS	<b>5800 S.W. 45TH TERR.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ **1-16-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000019597 (1)

1. Corporation Name  
**PHARMAIR CORPORATION**



Principal Place of Business: 9800 N.W. 36TH ST. MIAMI FL 33178  
Mailing Address: 9800 N.W. 36TH ST. MIAMI FL 33178-2404

3. Date Incorporated or Qualified: 03/10/1994  
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business: 21 4400 Biscayne Boulevard  
2a. Mailing Address: 26 4400 Biscayne Boulevard

4. FEI Number: 65-0477017  
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: 33137  
25 Country: USA  
29 Zip: 33137  
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  
TABERNILLA, ARMANDO A  
8800 NW 36TH STREET  
MIAMI FL 33178

10. Name and Address of New Registered Agent  
81 Name: Tabernilla, Armando A.  
82 Street Address (P.O. Box Number is Not Acceptable): 4400 Biscayne Boulevard  
83  
84 City: Miami FL 85 Zip Code: 33137

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	DP	<input type="checkbox"/> DELETE
NAME	PFFENIGER, RICHARD C JR.	
STREET ADDRESS	8800 N.W. 36TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZINZI, ANDREW	
STREET ADDRESS	8800 NW 36TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TABERNILLA, ARMANDO A.	
STREET ADDRESS	8800 NW 36TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUBIN, DORA B.	
STREET ADDRESS	8800 NW 36TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SIEGEL, JORDAN	
STREET ADDRESS	8800 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEE ATTACHED LIST</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Dora Rubin* Dora B. Rubin 1/20/97 305-575-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)