SECOND_NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham * ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 OCT 21 AMII: 37 DOCUMENT # 497766 (6) 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA GRANVILL COSMETICS MANUFACTURING, INC. Principal Place of Business Mailing Address 1400 20TH ST. 1400 20TH ST. P.O. BOX 703 P.O. BOX 703 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 03/05/1976 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2617067 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRANADO, CARLOS V. 5800 S.W. 45TH TERR. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33189** 83 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change ___ Addition GRANADO, CARLOS V. 1.2 NAME NAME 5800 S.W. 45TH TERR. 1,3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change L Addition 900002674179---10/28/98--01039--011 GRANADO, JUAN C. 2 2 NAME NAME 5800 S.W. 45 TERRACE 2.3 STREET ADDRESS STREET ADDRESS ****558.75 ****558.75 MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition GRANADO, DEISE C. NAME 3.2 NAME 5800 S.W. 45 TERRACE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition GRANADO, AMERICA D. NAME 42 NAME 5800 S.W. 45TH TERR. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE Change Title DELETE Addition GRANADO, CARLOS V. 5.2 NAME NAM 5800 S.W. 45TH TERR. 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE __ Change GRANADO, AMERICA D. 6.2 NAME NAME 5800 S.W. 45TH TERR. 6.3 STREET ADDRESS STREET ADDRESS

CR2E034 (5/98)

SIGNATURE:

CITY-ST-ZIP

MIAMI FL

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 helphyornation indicated on this anneal report or supplemental anneal report is true and accurate and that my signature shall have the same legal effect as if made under dath that am an officer or director of the corporation. 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 attackment with an address.

6.4 CITY-ST-ZIP

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