

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

19965-1-96



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 529801

(3)

1. Corporation Name

AMBROSIA COSMETICS, INC.

Principal Place of Business

1950 S. OCEAN DRIVE
SUITE 6E
HALLANDALE FL 33009
US

Mailing Address

1950 S. OCEAN DRIVE
SUITE 6E
HALLANDALE FL 33009
US



3. Date Incorporated or Qualified

03/22/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

13-1950933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,

Florida Statutes

☐

Yes

☐

No

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

9. Name and Address of Current Registered Agent

BERNSTEIN, IRVING
1950 S. OCEAN DRIVE
HALLANDALE FL 33009

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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this statement

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	BERNSTEIN, IRVING	1950 S. OCEAN DRIVE	HALLANDALE FL	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	25 TITLE	26 NAME	27 STREET ADDRESS
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	35 TITLE	36 NAME	37 STREET ADDRESS
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	45 TITLE	46 NAME	47 STREET ADDRESS
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	55 TITLE	56 NAME	57 STREET ADDRESS
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP			

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached card with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)