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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 549336

1. Corporation		1004TION			<u> </u>		
FLORIDA	SOAP & COSMETIC CORF	PORATION					A.B. MIRIT 4881

Principal Place	e of Business	Mailing Address				,	
255 ALHAMBRA	CIR	255 ALHAMBRA CIR					
SUITE 1000 SUITE 1000 CORAL GABLES FL 33134 CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE		
CORAL GABLES FL 33134 CORAL GABLES FL 33134 US US					3. Date Incorporated or Qualifed		
	•	,			10/17/1977		}
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-1831707	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired.	¥ +	Additional
22		27			S. CHITICATE OF STATUS DESIGNATION	Fee F	equired
City & State	9 1 .	City & State			6. Election Campaign Financing	\$5.00	May Be
23	<u> </u>	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	y •	8. This corporation owes the current year I		
24	25	29	30		Personal Property Tax.	☐ Yes	<u>x</u> No
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Registere	d Agent	
. DDL	NIVEN TEDECITA I		81	Name			. }
BRUNKEN, TERESITA L			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>	
255 ALHAMBRA CIR STE 1000							
	AL GABLES FL 33134		83	3			Ì
COR	AL GABLES FL 33134	•	84	City	F	85 Zip	Code
		· · · · · · · · · · · · · · · · · · ·		<u> </u>			- registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent for both, in the State of	2 and 607.1508, Florida Statute of Florida. Such change was au	s, the abov thorized by	/e-named corp / the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing it jointment as r	egistered
011100 01 11	ogiotoroo agorta or ooung in the obligat						1
agent. i ai	m tamiliar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statute:	s.			
agent. 1 at	•	ions or, Section 607.0505, Flori	ida Statute:	s. 			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age	S. ent signature required	d when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age	s. 		AND DIRECT	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE:	Registered Age 13.	ent signature required	d when reinstating) DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD STIEFEL, WERNER K.	t and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature required	d when reinstating) DATE	AND DIRECT	ORS IN 12
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CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: