FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842381** **(6)**

1. Corporation Name
REVLON COMMISSARY SALES, INC.

Principal Place of Business	Mailing Address
625 MADISON AVE. NEW YORK NY 10022	625 MADISON AVE. NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/15/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **13-2893622** ☐ 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

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☒ Change ☐ Addition
NAME	DUNBAR, DONALD	12 NAME	DUNBAR, RONALD H.	
STREET ADDRESS	625 MADISON AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 0	14 CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	VP	21 TITLE		☒ Change ☐ Addition
NAME	DESSEN, STANLEY B	22 NAME		
STREET ADDRESS	625 MADISON AVE	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 0	24 CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	FELLOWS, GEORGE	32 NAME		
STREET ADDRESS	625 MADISON AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022	34 CITY-ST-ZIP		
TITLE	AT	41 TITLE		☒ Change ☐ Addition
NAME	LAWRENCE, ELLIOTT	42 NAME		
STREET ADDRESS	625 MADISON AVE.	43 STREET ADDRESS	2147 ROUTE 27	
CITY-ST-ZIP	NEW YORK NY 10022	44 CITY-ST-ZIP	EDISON, NJ 08818	
TITLE	VP	51 TITLE	V/D	☒ Change ☐ Addition
NAME	NICHOLS, WADE H III	52 NAME		
STREET ADDRESS	625 MADISON AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 00000	54 CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	VP	61 TITLE	V/D	☒ Change ☐ Addition
NAME	FOX, WILLIAM J.	62 NAME		
STREET ADDRESS	625 MADISON AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	NEW YORK, NY 10022	

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)(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 addition.

SIGNATURE: _____ LAWRENCE ELLIOTT 2/22/95 908-287-1400
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0001184 CP