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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:57

DOCUMENT # 855248 (1)

1. Corporation Name
REVLON GROUP INCORPORATED

Principal Place of Business	Mailing Address
5900 N. ANDREWS AVENUE 700A FT. LAUDERDALE FL 33309 US	5900 N. ANDREWS AVENUE 700A FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1983	3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2227655	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	

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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: (Signature of new registered agent, if changing) (Signature of new registered agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	SLOVIN, BRUCE	12 NAME		
STREET ADDRESS	555 SW 12TH AVENUE	13 STREET ADDRESS	35 E. 62Nd Street	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	New York, NY 10021	
TITLE	VPS	21 TITLE		☒ Change ☐ Addition
NAME	DICKES, GLENN P.	22 NAME		
STREET ADDRESS	555 SW 12TH AVENUE	23 STREET ADDRESS	38 E. 63RD Street	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	New York, NY 10021	
TITLE	CED	31 TITLE		☒ Change ☐ Addition
NAME	PERELMAN, RONALD O.	32 NAME		
STREET ADDRESS	555 SW 12TH AVENUE	33 STREET ADDRESS	35 E. 62ND Street	
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	New York, NY 10021	
TITLE	AS	41 TITLE		☒ Change ☐ Addition
NAME	COOK, DAVID L.	42 NAME		
STREET ADDRESS	555 S.W. 12TH AVENUE	43 STREET ADDRESS	5900 N. Andrews Ave., Suite 700A	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	Gordon, Howard F.	
STREET ADDRESS		53 STREET ADDRESS	5900 N. Andrews Ave., Suite 700A	
CITY-ST-ZIP		54 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I DO HEREBY CERTIFY that the information supplied with this filing is true and accurate; that my electronic 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 with an asterisk (*) or an attachment with an asterisk.

SIGNATURE: David L. Cook Asst. Secretary — 2/15/95 — (305) 772-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

0217200 CP