

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855248

(1)

1. Corporation Name:

REVLON GROUP INCORPORATED

Principal Place of Business

5800 N. ANDREWS AVENUE
700A
FT. LAUDERDALE FL 33309
US

Mailing Address

5800 N. ANDREWS AVENUE
700A
FT. LAUDERDALE FL 33309-2366
US

3. Date Incorporated or Qualified

01/14/1983

3a. Date of Last Report

03/01/1996

4. FEI Number

59-2227655

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SLOVIN, BRUCE
STREET ADDRESS 35 E. 62N ST
CITY-ST-ZIP NEW YORK NY
☐ DELETETITLE VPS
NAME DICKES, GLENN P.
STREET ADDRESS 38 E. 63 ST
CITY-ST-ZIP NEW YORK NY
☐ DELETETITLE CED
NAME PERELMAN, RONALD O.
STREET ADDRESS 555 SW 12TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL
☐ DELETETITLE AS
NAME COOK, DAVID L.
STREET ADDRESS 5900 N ANDREWS AVE SUITE 700A
CITY-ST-ZIP FT. LAUDERDALE FL
☐ DELETETITLE V
NAME GORDON, HOWARD F.
STREET ADDRESS 5900 N. ANDREWS AVE SUITE 700A
CITY-ST-ZIP FT. LAUDERDALE FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 625 Madison Avenue
2.4 CITY-ST-ZIP New York, NY
☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 35 E. 62nd Street
3.4 CITY-ST-ZIP New York, NY
☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

David L. Cook

3/3/97

(954) 772-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)