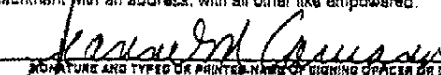


FILED

May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000001586		
1. Entity Name ST IVES (USA) INC.		
Principal Place of Business 13449 NW 42ND AVE MIAMI, FL 33054		Mailing Address 13449 NW 42ND AVE MIAMI, FL 33054
DO NOT WRITE IN THIS SPACE		
		 04802004 No Chg-P CR2E034 (10/03)
		4. FBI Number 39-1651325 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GROHOWSKI, KENNETH 13449 NW 42ND AVE MIAMI, FL 33054		DO NOT WRITE IN THIS SPACE
7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
		U000000152528 05/04/04-80088-016 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANGSTROM, WAYNE R 13449 NW 42ND AVE MIAMI, FL 33054	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARUANA, JEANNE 13449 NW 42ND AVE MIAMI, FL 33054	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD EDWARDS, BRIAN 13449 NW 42ND AVE MIAMI, FL 33054	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeanne M Caruana		4/30/2004 (305)685-7387 Date Daytime Phone #