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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F41642

Corporation Name

COSMETIC CREATIONS CORP.

Principal Place	of Business	Mailing Address			Ì	
13969 SW 140TH ST		PO BOX 144236				1
MIAMI FL 33186		CORAL GABLES FL 33114-4236				DO NOT WRITE IN THIS SPACE
US		บร		ļ	3. Date incorporated or Qualifed	
						09/01/1981
,	2a. Mailing Address	failing Address			4. FEI Number policed For	
2. Principal Pla	Ce of Business	26				59-2120601 Not Applicable
21 Suite, Apt. #	atc	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
\neg	, 810.	27				1, 100, 110, 110, 110, 110, 110, 110, 1
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Added to Fees
23					<u> </u>	Hist Fulla Contribution
Zip Country		Zip Country			8. This corporation owes the current year Intangible	
24	25		30			Personal Property Tax. 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Assistance
				"		
CATASUS, ROOSEVELT E				82	Street Addres	ss (P.O. Box Number is Not Acceptable)
5122 SW 7TH ST				83		
MIAMI FL 33134				· · · · · · · · · · · · · · · · · · ·		
				84 City -		
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						
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 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 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 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 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 of the corporation of the purpose of change was authorized by the corporation's board of directors.						
agent. I ar	egistered agent, or both, in the State to m familiar with, and accept the obligat	ons of, Section 607.0505, Flo	nda Stat	iules.	•	
SIGNATURE		and title if applicable (NOTE	Registere	d Agen	t signature required	when reinstating) DATE
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	STD	☐ DELETE	1.1 T	ITLE		Change of Addition
NAME	CATASUS, ROBERTO E		1.2 N	NAME.	Ì	
STREET ADDRESS	5122 SW 7TH STREET		1.3 S	STREE	TADDRESS	
11	MIAMI, FL 00000	·	1.40	CITY-S	T-ZIP	Change i Addition
CITY-ST-ZIP	SD SD	DELETE	2.1 7	MLE		- Calculation
NAME	CATASUS, MARTA P			NAME		
STREET ADDRESS	5122 SW 7TH STREET		2.3 \$	STREE	TADDRESS	[1] · -
CITY-ST-ZIP	MIAMI, FL 00000		_	CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE	PD	☐ DELETE		TITLE		
NAME	CATASUS, ROOSEVELT E	4	1	NAME		The second was not a second
STREET ADDRESS	TARE ONLY THE OTOFICE				TADDRESS	- 「一年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
CITY-ST-ZIP	MIAMI, FL 00000				ST-ZIP	Sty ☐ Change - A ☐ Addition
TITLE 4		☐ DELETE		TITLE		
NAME		,		NAME	i	
STREET ADDRESS					T ADDRESS	ļ
CITY-ST-ZIP		- Decem		CITY-S		Change Addition
		☐ DELETE	5.1	HILL		· · · · · · · · · · · · · · · · · · ·

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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME !

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Roosevelt E. Catasus

Jan 25,1999

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90076 033 ***150.00

Ph. 305-445-1714

Addition