

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F47621 (0)**

1. Corporation Name

ALBERTO CORTES COSMETICS AND PERFUMES, INC.



Principal Place of Business

20 SE 3 AVE
2ND FL
MIAMI FL 33131

Mailing Address

20 SE 3 AVE
2ND FL
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Organized
10/07/1981

3a. Date of Last Report
04/14/1995

4. FFL Number
59-2496559

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. 190.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

**CORTES, ALBERTO
20 S.E. 3 AVE
MIAMI FL 33131**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0604 and 607.1404, 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 approved by the corporation's board of directors. Thereby, I attest the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0604, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORTES, SANDRA	
STREET ADDRESS	4505 BANYAN LANE	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	CORTES, ALBERTO	
STREET ADDRESS	811 NE 70TH ST	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORTES, CLAUDIA	
STREET ADDRESS	333 NE 102ND ST	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*1600 S. Bayshore Lane 9C
MIAMI FL 33133*

14. I do hereby certify that the information supplied herein has been originally furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement 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 a 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 in a statement filed with an addition.

SIGNATURE: SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)