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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # F93000001031 (4)

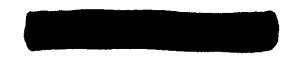
BARI COSMETICS, LTD. INC.

Principal Place of Business
463 TEMPLE HILL ROAD

Mailing Address

463 TEMPLE HILL ROAD NEW WINDSOR NY 12550

FILED Mar 30 1998 8:00am Secretary of State



NEW WINDSO	JR NT 12550	MEM MINDSOR NT 1255	NO			DO NOT WRITE IN THIS S	PACE		
						3. Date Incorporated or Qualified			
						02/24/1993			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	T	Ap	plied For
21		26				06-1099468	\bot	No	t Applicable
Suite, Apt.	₩, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional
22		27]							quired
City & Stat	9	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be
Z _{ID}	Country	28 Zip	Cou	intry	,				o Fees
24	25	29	30			This corporation owes or has paid the curn Personal Property Tax due June 30.	ent ye] Yes		angible No
	9, Name and Address of Current		1001			10. Name and Address of New Registered A			3 110
HA	RKNESS, DONALD		-, .,, , -	81	Name				
EXECUTIVE SUITES 901					Street Ar	ddress (P.O. Box Number is Not Acceptable)			
MARTIN DOWNS BLVD., 2ND FL RECEPTION				82	Stieet Au	oress (F.O. Box Number is Not Acceptable)			
PA	LM CITY FL 34990			63					
4				B4	City		85	Zip C	ode.
					,	FL	1		
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.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed name of registered agen			Ape	nt signature rec	quired when reinstating) DATE			
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND			
	HARKNESS, DONALD	☐ Offfit	1.1 7/1			·- •	Chi	ange	☐ Addition
NAME	MARTIN DOWNS BLVD., EXEC	HTIVE CHITEC ON	1,2 NA						
STREET ADDRESS	PALM CITY FL 34990	DINE BOILS 801			ADDRESS				
CITY-ST-ZIP TITLE	DVCS	☐ DELETE	1.4 CF 2.1 Til		I-ZIP		Chi	2000	Addition
NAME	MAFFEI, MARIO		2.2 NA			•		angu	
STREET ADDRESS	26 STILES LANE				ADDRESS				
CITY-ST-ZIP	GREENWICH CT 06831		1						
TITLE		☐ DELETE	2.4 CI 3.1 TIT	_	,1-ZIP		Cha	2008	Addition
NAME	MAFFEI, MARIO		3.2 NA			•		go	7,00,000
STREET ADDRESS	26 STILES LANE				ADDRESS				
CITY-ST-ZIP	GREENWICH CT 06831		3.4. CI						
TITLE	DVP	DELETE	4.1 10	_	4-2IF		Cha	ange	Addition
NAME	ROTH, ROBERT		4.2 N			•		,	
STREET ADDRESS	14 LINDA ANN DR.				ADDRESS				
CITY-ST-ZIP	WALLKILL NY 12589		4.4 C/1						i
TITLE		DELETE	5.1 707		- LW		Ch	ange _	Addition
NAME		-	5.2 NA			•		F	\5
STREET ADDRESS					ADDRESS			,	ລ່ 27
CITY-ST-ZIP			5.4 CI					-	გ∙⊅∪ ∣
TITLE		DELETE	6.1 TIT			30000247297	2 Ch	ange	Addition
NAME			6.2 NA			300002472973 -03/31/9801020007		-	
STREET ADDRESS				_	ADORESS	***150.00			
CITY-ST-ZIP			6.4 CIT			annat on a on			

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 chapter 607, or on an attachment with an address.