

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

000583

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90006 001 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000002399**

1. Corporation Name

**MAKE-UP ART COSMETICS INC.**



Principal Place of Business <b>7 CORPORATE CENTER DR. MELVILLE NY 11747-3166</b>	Mailing Address <b>7 CORPORATE CENTER DR. MELVILLE NY 11747-3166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>04/27/1998</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>11-3344805</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b>
<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIGLER, ROBERT J</b>	1.2 NAME	
STREET ADDRESS	<b>767 FIFTH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10153</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGHAMMER, FRED H</b>	2.2 NAME	
STREET ADDRESS	<b>767 FIFTH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10153</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAUDER, WILLIAM P</b>	3.2 NAME	
STREET ADDRESS	<b>767 FIFTH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10153</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGRAM, SAUL H</b>	4.2 NAME	
STREET ADDRESS	<b>767 FIFTH AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10153</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANUZIS, ANDRIS</b>	5.2 NAME	
STREET ADDRESS	<b>767 FIFTH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10153</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOND, THOMAS A</b>	6.2 NAME	
STREET ADDRESS	<b>767 FIFTH AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10153</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES PORRETTO**  
**ASSISTANT SECRETARY**

Date

Daytime Phone #

5/7/99

516-847-6347

CR2E034 (11/98)