FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:20

DOCUMENT # K23445 (5)

1. Corporation Name
ROSE COSMETIC CORP.

Principal Place of Business	Mailing Address
P.O. BOX 9582 CORAL SPRINGS FL 33075	P.O. BOX 9582 CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 05/12/1988
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0053370 ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CARAFEDDINE, ISSAM
3050 RIVERSIDE DR. A-12
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: CHARAFEDDINE ISSAM
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3050 RIVERSIDE DR. A-9
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: ISSAM CHARAFEDDINE JAN .29.95
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: P NAME: CHARAFEDDINE, ISSAM S. STREET ADDRESS: 3050 RIVERSIDE DR #A-12 CITY-ST-ZIP: CORAL SPRINGS FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS: 3050 RIVERSIDE DR. A-9 / 1.4 CITY-ST-ZIP — ☑ Change ☐ Addition
TITLE: D NAME: CHARAFEDDINE, RAJA S. STREET ADDRESS: 3050 RIVERSIDE DR #A-12 CITY-ST-ZIP: CORAL SPRINGS FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS: 3050 RIVERSIDE DR. A-9 / 2.4 CITY-ST-ZIP — ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE: D / 3.2 NAME: MICHEL KHOURY / 3.3 STREET ADDRESS: 3050 RIVERSIDE DR. A-9 / 3.4 CITY-ST-ZIP: CORAL SPRINGS, FL.33065 — ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: ISSAM CHARAFEDDINE JAN.29.95 305.344.9913
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT

0426178 FP