FILED Apr 14, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPÄRTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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a Armanadan Nama	

CONCEPT II COSMETICS INTERNATIONAL INC

CONCL	F I II COOMETICO INTER								
Principal Pla	ce of Business	Mailing Address					1 () 418 11 61611 61511 1461
1521 NW 89TH COURT 1521 NW 89TH COURT MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed		
ļ	•					 	11/30/1988		
2. Principal	Place of Business	2a. Mailing Address				4.	, FEI Number	Ĺ	Applied For
21		26					65-0131473		Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	-			5.	Certifcate of Status Desired		.75 Additional ee Required
22 City & Sta	ate	City & State			<u> </u>	6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
Zip	Country	Zip	Cou	intry		8	This corporation owes the current year	Intangibl	 e
24	25	29	30			\	Personal Property Tax.	ĽΝ	
	9 Name and Address of Current Registered Agent				10	Name and Address of New Register	d Agent		
ANDREW SERVICE CORPORATION OF FLORIDA 3000 MIAMI CENTER			81			er H. Levitt, Esq.			
			82	Street Addre Ador	Street Address (P.O. Box Number is Not Acceptable) Adorno & Zeder, P.A.				
201 S. BISCAYNE BOULEVARD MIAMI FL 33131		83	2601 s	οu	, #1	600			
	1111 I E 00 10 I		•	84	City Mi	an	ni F	L 85	Zjp3Cpdg3

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 and accept the obligations of, Section 607.0505, Florida Statutes.

agent. I a			******* 0 1000	
SIGNATURE		ter H I		_
				112
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition
TITLE	PSD DELETE	1.1 TITLE	□ Change □	Addition
NAME	BLASSER, JOSEPH	1.2 NAME		
STREET ADDRESS	1521 N.W. 89TH CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME		2.2 NAME		}
STREET ADDRESS		2.3 STREET ADDRESS	`	i
CITY-ST-ZIP	•	2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	☐ Change ☐	Addition
NAME		3,2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change	Addition
NAME		4, 2 NAME		,
STREET ADDRESS		4,3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		Į.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lie Continue 440 07/200). Florida Ctatutos I further contifu that the information	لـــــــــــــــــــــــــــــــــــــ

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 toke 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 true to the receiver of the corporation of the receiver or true to the receiver or true to the receiver of the corporation of the receiver of the rec

SIGNATURE:

RF Joseph) Blasser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFIGER OR DIRECTOR President