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

PROFIT CORPORATION -**ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # L72138 OSMETICS, INC.	(5)								
IMADIO	OSMETICS, INC.						I HAN BYAH RUBI			
Principal Plac	e of Business	Mailing Address								
13615 S DIXIE HWY		PO BOX 570502			ŀ					
#116		MIAMI FL 33257-0502								
MIAMIFL 3317 US	76	US			2 "	Pate Incorporated or Qualific	ا موا	Data of Last I	Depart	_
						5/07/1990		Date of Last F 2/15/1996		
2. Principal P	Place of Business	2a. Mailing Address				El Number		· · · · · · · · · · · · · · · · · · ·	applied For	\dashv
21		26				65-0197539		 	lot Applicable	,
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. 0	ertificate of Status Desired			Additional	1
City & Stat		27						Fee R	Required	_
23	e	City & State			I	lection Campaign Financing			May Be	
Zip	Country	Zip Cou		trv	Trust Fund Contribution		for interestal	7.0354 15 1 000		
24	25 29		30		II.	8. This corporation has liability for intangible tax und Florida Statutes			s. 199.032,	
	9. Name and Address of Curren		1001			lame and Address of New				┪
AKH	ITAREKHAVARI, JANILLA		8	1 Name						٦
8621 S.W. 179 STREET				2 Street	Address (P.C). Box Number is Not Accer	table)			\dashv
MIA	MI FL 33157				· · · · · · · · · · · · · · · · · · ·					_
			6	3						
			8	4 City				85 Zip	Code	┨
11 Pursuant	to the provisions of Sections 607.0503	2 and 607 1508. Florida Statu	tos the abo	wa namad	normarction 4	ubmita this statement for th	FI		ha	4
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida Such change was	authorized	by the corp	poration's boa	ard of directors. I hereby ac	cept the ap	pointment as	its registered s registered	
	Janilla Akhtarek		onda Statur ident	es.	41 6					Ι.
SIGNATURE	Signature, typed or pented name of registered ager			gent signature	required when rei	nstating)	DATE	nuary	21, 19	7
12.	OFFICERS AND		13.	13.		DITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12	่ฎี่ผู้
TITLE	P	LI DELETE		1.1 TITLE		•		☐ Change	Addition	ě
NAME	AKHTAREKHAVARI, JANILLA		1.2 NAM							2
STREET ADDRESS	8621 S.W. 179 STREET			1.3 STREET ADDRESS						Įŭ
CITY-ST-ZIP TITLE	MIAMI FL 33157 V			1.4 CITY - ST - ZIP		President		Change	Addition	٦þ
NAME	ALISHAHI, MARTA	LEDELLE	2.1 MILE 2.2 NAM					TM cusuite	Addition	ľ
STREET ADORESS	14750 S.W. 168 TERRACE					NI, MARTA				
City-ST-ZiP	MIAMI FL 33187			'- \$1- ZIP		14745 S.W. 168 Terrace Miami, FL 33187		:		
TITLE		DELETE	3.1 TITUE		114 21114	I VII JJIUI		Change	Addition	1
NAME			3.2 NAM	E				-	•	
STREET ADDRESS			3 3 STRE	et address						
CHY-ST-ZIP	1		3.4. CITY	-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition	1
NAME	,		4. 2 NAM	IE						
STREET ADDRESS				ET ADDRESS						
CITY - ST - ZIP		☐ DELETE	4.4 CITY					177 25	4.3.200	4
TITLE NAME		☐ hereig	5.1 1171.5	ſ				Change	Addition	ŀ
STREET ADDRESS			5.2 NAM	- 1						-
CITY-ST-ZIP				ET ADDRESS					•	1
TITLE		☐ DELETE	5.4 CITY 6.1 TITLE					Change	Addition	4
NAME		_	6.2 NAM						Lang - Martinoll	
STREET ADDRESS				ET ADDRESS						
CITY - ST - ZIP			6.4 CITY	I						

14. I do 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.

SIGNATURE:

January 21,1997 (305)378-

FILED

Jan 28 1997 8:00am

Secretary of State