CR2E034 (5/99)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMISTATE: \$750).

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L72138

AKHTAREKHAVARI, JANILLA 8621 S.W. 179 STREET **MIAMI FL 33157**

MARI COSMETICS, INC.

Principal Place of Business

2. Principal Place of Business 21 85 9 5 W. Suite, Apt. #, etc.

City & State Miami,

13615 S DIXIE HWY #116 MIAMI FL 33176

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Mailing Address

APPROVED

99 AUG 20 PH 1: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

₩Y	PO BOX 570502 Miami FL 33257-0502 US		DO NOT WRITE IN THIS S	PACE	
			3. Date incorporated or Qualified 05/07/1990		
e of Business	2a. Mailing Address		4. FEI Number		Applied For
5.W. 136 St.	26 P. D. Box 5	705 C	65-0197539	Г	Not Applicable
etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
ni, Florida	city & state 28 Hiami, Fl	orlda	6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
6 25 Dade	^{Zip} 33257 30	Dade	8. This corporation owes the current year Intengible Personal Property.	Yes	No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	gent	
AREKHAVARI, JANILLA		81 Nan	ne		
S.W. 179 STREET		82 Stre	et Address (P.O. Box Number is Not Acceptable)		

City Zip Code

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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.	August 11 1000				
SIGNATURE	Danike 17th		re required when reinstellan) DATE				
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P DELETE		Change Addition				
NAME	AKHTAREKHAVARI, JANILLA	12 NAME	Change C Account				
STREET ADDRESS	8621 S.W. 179 STREET	1.3 STREET ADDRESS					
	, 552, 544, 415						
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP					
1	The state of the s	;4 ^t	200002974512460 -08/31/9901042016				
NAME	YAZDANI, MARTA	2.2 NAME 😽 🐇	-08/31/9901042016				
STREET ADDRESS	14750 S.W. 168 TERRACE	2.3 STREET ADDRESS	****150.00 ****150.00				
CITY-ST-ZIP	MIAMI FL	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	874061				
CITY-ST-ZIP	·	6.4 CITY-ST-ZIP	80.				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), 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:

 $\overline{\partial}_{t}$ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARI COSMETICS, INC. P.O.BOX 570502 MIAMI, FLORIDA 33257-0502 TEL.: (305)378-1455

FAX: (305)378-1557

August 11, 1999

ANNUAL REPORTS FILINGS DIVISION OF CORPORATIONS P.O.BOX 6327 TALLAHASSEE, FLORIDA 32314

Dear Gentleperson:

Document # L72138

Due to recent tragedies in my family and the fact that I had to - inspite of my own health problems - deal with them over some period, I have, unfortunately missed to send the filing fee on time.

Since it would be a great help for the survival of our corporation at this point, I would appreciate it very much, if you would be kind enough to accept only the initial fee of \$150.00, and free our corporation from the penalties. A check in the amount of \$150.00 is enclosed.

Thank you very much for your consideration.

Sincerely,

MARI COSMETICS, INC.

Janilla Akhtarekhavari

President