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

APPROVED AND FILED
95 APR 27 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M30283 (9)

1. Corporation Name
MEDICATED COSMETICS, INC.

Principal Place of Business	Mailing Address
1036 S.W. FIRST STREET MIAMI FL 33130	1036 SW 1ST STREET MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1036 S.W. 1 ST.	2a. Mailing Address:
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: MIAMI, FLORIDA	City & State:
Zip: 33130 / Country: U.S.	Zip: / Country:

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0140681 — 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

FL ANNUAL REPORT CANTERA ASSOCIATES INC
1036 SW 1 STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

Name: FLORIDA ANNUAL REPORT SERVICES INC.
Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
City: MIAMI FL Zip Code: 33130

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] AMADA C. LOPEZ, PRES 4/25/95
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	PD	1 1 TITLE	P/D. ☐ Change ☐ Addition
NAME	COTO, JULIO C.	1 2 NAME	COTO, MARIA Y.
STREET ADDRESS	851 EAST 2ND AVE.	1 3 STREET ADDRESS	851 EAST 2 AVE
CITY ST ZIP	HIALEAH FL	1 4 CITY ST ZIP	HIALEAH, FL 33010
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	800001471968
CITY ST ZIP		3 4 CITY ST ZIP	-05/02/95--01157--019
TITLE		4 1 TITLE	****200.00 ****200.00 Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	DP 4/27
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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)(k), 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: [signature] 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIA Y. COTO

0186108 CP