

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M94174

(3)

1. Corporation Name

BIJE COSMETICS, INC.



Principal Place of Business

Mailing Address

2851 NE 183RD STREET
SUITE #1907
NORTH MIAMI BEACH FL 33160

2851 NE 183RD STREET
SUITE #1907
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. No. or

22. City & State

23. Zip Country

24. Zip Country

26. State, Apt. No. or

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

GLENN, BARBARA
2851 NE 183RD STREET
SUITE 1907
NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified
08/12/1988

3a. Date of Last Report
08/28/1995

4. FEI Number
65-0068669

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Section 199.032, and to 199.032 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place of business, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 199.032, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
PD
GLENN, BARBARA
2851 NE 183RD STREET, SUITE 1907
NORTH MIAMI BEACH FL 33160

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. NAME
3. NAME
4. NAME
5. NAME
6. NAME
7. NAME
8. NAME
9. NAME
10. NAME
11. NAME
12. NAME
13. NAME
14. NAME
15. NAME
16. NAME
17. NAME
18. NAME
19. NAME
20. NAME
21. NAME
22. NAME
23. NAME
24. NAME
25. NAME
26. NAME
27. NAME
28. NAME
29. NAME
30. NAME
31. NAME
32. NAME
33. NAME
34. NAME
35. NAME
36. NAME
37. NAME
38. NAME
39. NAME
40. NAME
41. NAME
42. NAME
43. NAME
44. NAME
45. NAME
46. NAME
47. NAME
48. NAME
49. NAME
50. NAME
51. NAME
52. NAME
53. NAME
54. NAME
55. NAME
56. NAME
57. NAME
58. NAME
59. NAME
60. NAME
61. NAME
62. NAME
63. NAME
64. NAME
65. NAME
66. NAME
67. NAME
68. NAME
69. NAME
70. NAME
71. NAME
72. NAME
73. NAME
74. NAME
75. NAME
76. NAME
77. NAME
78. NAME
79. NAME
80. NAME
81. NAME
82. NAME
83. NAME
84. NAME
85. NAME
86. NAME
87. NAME
88. NAME
89. NAME
90. NAME
91. NAME
92. NAME
93. NAME
94. NAME
95. NAME
96. NAME
97. NAME
98. NAME
99. NAME
100. NAME

14. I hereby certify that the information supplied in this filing is true and correct, and that I am not qualified for the exemption state in Section 199.032(3)(k), Florida Statutes. I further certify that the information disclosed in 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 by the officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in the supplemental report with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Glenn - BARBARA GLENN 1/10/96 305 936 9099

CR2E034 (12/95)