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

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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<br>SUIE #1907<br>NORTH MIAMI BEACH FL 33160 | 2851 NE 183RD STREET<br>SUIE #1907<br>NORTH MIAMI BEACH FL 33160 |

3. Date Incorporated or Qualified: **08/12/1988**
3a. Date of Last Report: **08/28/1995**

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip 29 | County 30

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

9. Name and Address of Current Registered Agent

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

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 607.0502, 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(s) Type or Print Name of Person Signing Date

12. OFFICERS AND/OR DIRECTORS

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the facts stated in this report are true. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

**SIGNATURE:** Barbara Glenn - BARBARA GLENN 1/16/96 305 936 9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)