

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P10063 (6)

1. Corporation Name

AVON PRODUCTS, INC.



Principal Place of Business

9 WEST 57TH STREET
NEW YORK NY 10019

Mailing Address

9 WEST 57TH STREET
NEW YORK NY 10019

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/09/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

13-0544597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 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 typed or printed name of registered agent and the date

(NOTE: Registered Agent signature and printed name required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ROBINSON, EDWARD J.	
STREET ADDRESS	9 WEST 57TH STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VPC	☐ DELETE
NAME	MATHIESON, MICHAEL R	
STREET ADDRESS	9 W. 57TH ST	
CITY- ST- ZIP	NEW YORK NY	
TITLE	SVP	☐ DELETE
NAME	WOODBURY, EDWINA	
STREET ADDRESS	9 WEST 57TH STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VPT	☐ DELETE
NAME	CORTI, ROBERT	
STREET ADDRESS	9 WEST 57TH STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	C	☐ DELETE
NAME	PRESTON, JAMES	
STREET ADDRESS	9 WEST 57TH STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VPS	☐ DELETE
NAME	MILLER, WARD M JR	
STREET ADDRESS	9 WEST 57TH STREET	
CITY- ST- ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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***200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Corti

4/10/96

(212) 546-6533

Group Vice President-Taxes/Treasurer

CR2E034 (12/95)