FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 10019-2701

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1345 Avenue of The americas
Suite, Apt. #, etc.
22
City & State
23 NY, NY
Zip 24 10105 Country 25

2a. Mailing Address
26 1345 Ave. of The americas
Suite, Apt. #, etc.
27
City & State
28 NY, NY,
Zip 29 10105 Country 30

4. FEI Number: 13-0544597 ☐ 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable (NOTE: Registered Agent signature required when reinstating) 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		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Michael R Mathieson 4/29/97