FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
1345 AVENUE OF THE ARESIAS
NEW YORK NY 10105
US

Mailing Address
9 WEST 57TH STREET
NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 midland & Peck Ave
Suite, Apt. #, etc.
22 Rye, ny
City & State
23
Zip 24 10580 Country 25

2a. Mailing Address
26 midland & Peck Ave
Suite, Apt. #, etc.
27 Rye, ny
City & State
28
Zip 29 10580 Country 30

3. Date Incorporated or Qualified
05/09/1986

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Andrea Jung	☐ Change ☐ Addition
NAME	ROBINSON, EDWARD J.		1.2 NAME		
STREET ADDRESS	9 WEST 57TH STREET		1.3 STREET ADDRESS	midland & Peck Ave	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	Rye, ny 10580	
TITLE	VPC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MATHIESON, MICHAEL R		2.2 NAME		
STREET ADDRESS	9 W. 57TH ST		2.3 STREET ADDRESS	midland & Peck Ave	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	Rye, ny 10580	
TITLE	SVP	☐ DELETE	3.1 TITLE	EVP	☐ Change ☐ Addition
NAME	WOODBURY, EDWINA		3.2 NAME		
STREET ADDRESS	9 WEST 57TH STREET		3.3 STREET ADDRESS	midland & Peck Ave	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	Rye, ny 10580	
TITLE	VPT	☐ DELETE	4.1 TITLE	SVP	☐ Change ☐ Addition
NAME	CORTI, ;ROBERT		4.2 NAME		
STREET ADDRESS	9 WEST 57TH STREET		4.3 STREET ADDRESS	midland & Peck Ave	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	Rye, ny 10580	
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRESTON, JAMES		5.2 NAME		
STREET ADDRESS	9 WEST 57TH STREET		5.3 STREET ADDRESS	midland & Peck Ave	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	Rye, ny 10580	
TITLE	VPS	☐ DELETE	6.1 TITLE	SVP O/S	☐ Change ☐ Addition
NAME	MILLER, WARD M JR		6.2 NAME		
STREET ADDRESS	9 WEST 57TH STREET		6.3 STREET ADDRESS	midland & Peck Ave	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	Rye, ny 10580	

CR2E034 (10/97)

14. I 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 added on an attachment with an address.

SIGNATURE: _____ Kenneth J. Simon 2/26/98 (914) 935-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #