

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000032709 (6)**

1. Corporation Name

MAQUILLAGE, INC.



Principal Place of Business

**7601 E TREASURE DR #619
N BAY VILLAGE FL 33141**

Mailing Address

**7601 E TREASURE DR #619
N BAY VILLAGE FL 33141**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**ATASH, SHOLEH
7601 E TREASURE DR #619
N BAY VILLAGE FL 33141**

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

09/26/1995

4. FEI Number

65-0411617

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 Sections 607.05002 and 607.15003, 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 607.05005, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE **P**
NAME **ATASH, SHOLEH**
STREET ADDRESS **7601 E. TREASURE DR. #619**
CITY-STATE-ZIP **N. BAY VILLAGE FL**

2. TITLE ☐ DELETE

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

5. TITLE ☐ DELETE

6. TITLE ☐ DELETE

7. TITLE ☐ DELETE

8. TITLE ☐ DELETE

9. TITLE ☐ DELETE

10. TITLE ☐ DELETE

11. TITLE ☐ DELETE

12. TITLE ☐ DELETE

13. TITLE ☐ DELETE

14. TITLE ☐ DELETE

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

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

SIGNATURE:

Sholeh ATASH (president)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

866-4053

CR2E034 (12/95)