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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000057170 (1)**

1. Corporation Name
DOBNER COSMETICS, INC.

Principal Place of Business	Mailing Address
16681 COLCHESTER COURT **DELRAY BEACH FL 33484**	**16681 COLCHESTER COURT** **DELRAY BEACH FL 33484-6962**

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified **08/11/1993**	3a. Date of Last Report **08/08/1996**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **65-0615895**	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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**

BORNSCHEUER, ALEXANDER
2787 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

10. **Name and Address of New Registered Agent**

81 Name: REAL FLORIDA REALTY INC
82 Street Address (P.O. Box Number is Not Acceptable): ~~208 N ANDREWS AVE~~
83: 1508 SE 3 AVE
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33316

11. Pursuant to the provisions of Sections 607.0501 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: B. LAMBRECHTS (NOTE: Registered Agent signature required when reinstating) DATE: 2/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOBNER, HELMUT	1.2 NAME	
STREET ADDRESS	16681 COLCHESTER CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOBNER, INGEBORG	2.2 NAME	
STREET ADDRESS	16681 COLCHESTER CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOBNER, SASCHA	3.2 NAME	
STREET ADDRESS	16681 COLCHESTER CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 added by attachment with an address.

SIGNATURE: [signature] FEBRUARY 18, 97

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