FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 15 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061798 (3)

1. Corporation Name
CARA COSMETICS INTERNATIONAL INCORPORATED

Principal Place of Business
3906 S SEMORAN BLVD #378
ORLANDO FL 32822

Mailing Address
3906 S SEMORAN BLVD #378
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3205599 — Applied For / Not Applicable

2. Principal Place of Business
21 3936 S. Semoran Blvd
Suite, Apt. #, etc.
22 Ste # 378
City & State
23 Orlando Florida
Zip
24 32822
Country
25 U.S.A

2a. Mailing Address
26 3936 S. Semoran Blvd
Suite, Apt. #, etc.
27 # 378
City & State
28 Orlando Florida
Zip
29 32822
Country
30 U.S.A

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

CHRISTIN, LESLIE G
3956 S SEMORAN BLVD #378
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name: Christin, Leslie G.
82 Street Address (P.O. Box Number is Not Acceptable): 3936 S. Semoran Blvd Ste 378.
83
84 City: Orlando FL
85 Zip Code: 32822

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] — 5-4-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	CHRISTIN, LESLIE G	1 2 NAME	
STREET ADDRESS	3936 S. SEMORAN BLVD. STE. 378	1 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32822	1 4 CITY ST ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	000001490450
STREET ADDRESS		2 3 STREET ADDRESS	-05/17/95--01038--007
CITY ST ZIP		2 4 CITY ST ZIP	****225.00 ****225.00
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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] — 5-4-95 — 407-894-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062653 CP