SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 21 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001521241
-06/23/95--01003--004
****225.00 ****225.00

DOCUMENT # **P93000065321 (0)**

1. Corporation Name

CARIBBEAN COSMETICS CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
317 N.E. 24TH STREET MIAMI FL 33137	3149 JOHN P. CURCI BLDG. 1A, BAY 2 PEMBROKE PARK FL 33009

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 08/16/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0439247 ☐ 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	10. Name and Address of New Registered Agent
GARCEZ, IVAN 317 N.E. 24TH STREET MIAMI FL 33137	81 Name: GARCEZ, IVAN 82 Street Address (P.O. Box Number is Not Acceptable): 8227 N.W. 68th STREET 83 84 City: Miami FL 85 Zip Code: 33166

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: IVAN GARCEZ — June 7, 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	PD	11 TITLE	President	X Change ☐ Addition
NAME	GARCEZ, IVAN	12 NAME	Garcez, Ivan	
STREET ADDRESS	317 N.E. 24TH ST.	13 STREET ADDRESS	8227 N.W. 68th Street	
CITY-ST-ZIP	MIAMI FL 33137	14 CITY-ST-ZIP	Miami, Florida 33166	
TITLE	SD	21 TITLE	SD	X Change ☐ Addition
NAME	GARCEZ, ULYSSES	22 NAME	Garcez, Ulysses	
STREET ADDRESS	317 N.E. 24TH ST.	23 STREET ADDRESS	8227 N.W. 68th Street	
CITY-ST-ZIP	MIAMI FL 33137	24 CITY-ST-ZIP	Miami, Florida 33166	X
TITLE	TD	31 TITLE	TD	☐ Change ☐ Addition
NAME	FILHO, ISMAEL B	32 NAME	Filho, Ismael B.	
STREET ADDRESS	317 N.E. 24TH ST.	33 STREET ADDRESS	8227 N.W. 68th Street	
CITY-ST-ZIP	MIAMI FL 33137	34 CITY-ST-ZIP	Miami, Florida 33166	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

6/21/95 MS

CR2E034 (3/95)

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)(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: IVAN GARCEZ — June 7, 95 — 305-592-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017349 CP