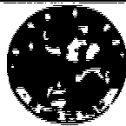


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -2 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 793000081785

1. Corporation Name

S.M. COSMETICS, INC.

Principal Place of Business

Mailing Address

**PO Box 11046
FT LAUDERDALE, FL
33339-1046**

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/95

4. FEI Number

Applied For

65-0452259

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 § 199.032,
Florida Statutes ☐ yes ☒ no

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNEIDER REUBEN
2021 TYLER ST
HOLLYWOOD, FL 33022**

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 607.0502, Florida Statutes.

SIGNATURE

Reuben Schneider

REUBEN SCHNEIDER

04/19/95

Signature, typed or printed name of registered agent and the # appointing

NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**P/D
PIERRE MOREL
2450 E. SUNRISE BLVD
FT LAUD, FL 33304**

1.1 TITLE

☐ Change ☐ Addition

NAME

PIERRE MOREL

1.2 NAME

STREET ADDRESS

2450 E. SUNRISE BLVD

1.3 STREET ADDRESS

CITY, ST, ZIP

FT LAUD, FL 33304

1.4 CITY, ST, ZIP

TITLE

V/P

☐ Change ☐ Addition

NAME

DOMINIC MORELLO

2.1 NAME

STREET ADDRESS

9285 BEECH

2.2 STREET ADDRESS

CITY, ST, ZIP

MONTREAL, QUB, CANADA

2.4 CITY, ST, ZIP

TITLE

S/T

☐ Change ☐ Addition

NAME

SUZANNE MOREL

3.1 NAME

STREET ADDRESS

2450 E. SUNRISE BLVD

3.2 STREET ADDRESS

CITY, ST, ZIP

FT LAUD, FL 33304

3.4 CITY, ST, ZIP

500001473015

-05/03/95--01054--021

*****233.75 ***233.75**

TITLE

D

☐ Change ☐ Addition

NAME

THERESE MONDRE

4.1 NAME

STREET ADDRESS

649 PASO DE LA PALMA

4.2 STREET ADDRESS

CITY, ST, ZIP

RODENDO DEER, CAL, 90277

4.4 CITY, ST, ZIP

TITLE

☐ Change ☐ Addition

NAME

5.1 NAME

STREET ADDRESS

5.2 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY, ST, ZIP

TITLE

☐ Change ☐ Addition

NAME

6.1 NAME

STREET ADDRESS

6.2 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 110.07(3)(a), 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 or changed, or on an attachment with an address.

SIGNATURE:

Pierre Morel

04/19/95 (205041771)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR