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 -2 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081785

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: 01/01/95	3a. Date of Last Report:
4. FEI Number: 65-0452259	☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 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 607.0505, Florida Statutes.

SIGNATURE: _____ REUBEN SCHNEIDER 04/19/95
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/D	11 TITLE	☐ Change ☐ Addition
NAME	PIERRE MOREL	12 NAME	
STREET ADDRESS	2450 E. SUNRISE BLVD	13 STREET ADDRESS	
CITY ST ZIP	FT-LAUD. FL 33304	14 CITY ST ZIP	
TITLE	V/P	21 TITLE	☐ Change ☐ Addition
NAME	DOMINIC MORELLO	22 NAME	
STREET ADDRESS	9285 BERRI	23 STREET ADDRESS	
CITY ST ZIP	MONTREAL, QUE, CANADA	24 CITY ST ZIP	
TITLE	S/T	31 TITLE	☐ Change ☐ Addition
NAME	SUZANNE MOREL	32 NAME	500001473015
STREET ADDRESS	2450 E. SUNRISE BLVD	33 STREET ADDRESS	-05/03/95--01054--021
CITY ST ZIP	FT LAUD. FL 33304	34 CITY ST ZIP	****233.75 ****233.75
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	THERESE MONDOR	42 NAME	
STREET ADDRESS	649 PASEO DE LA PLAYA	43 STREET ADDRESS	
CITY ST ZIP	REDONDO BEACH, CAL. 90277	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	

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: _____ PIERRE MOREL 04/19/95 (305) 564-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number