


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

- AMENDED

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000081785 (6)
Corporation Name
S.M. COSMETICS, INC.

Principal Place of Business P.O. BOX 11046 FT LAUDERDALE FL 33339-1046	Mailing Address P.O. BOX 11046 FT LAUDERDALE FL 33339-1046
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1994		AMEND	
4. FEI Number 65-0452259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCHNEIDER, REUBEN 2021 TYLER ST. HOLLYWOOD FL 33022		10. Name and Address of New Registered Agent	
B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)			
B3			
B4 City		FL B5 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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREL, PIERRE	1.2 NAME	
STREET ADDRESS	2450 E SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELLO, DOMINIC	2.2 NAME	
STREET ADDRESS	9285 BERRI	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL OB CA	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREL, SUZANNE	3.2 NAME	
STREET ADDRESS	2450 E. SUNRISE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDOR, THERESE	4.2 NAME	
STREET ADDRESS	649 PASSO DE LA PLAYA	4.3 STREET ADDRESS	
CITY-ST-ZIP	RODONDO BEACH CA 90277	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I 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, as changed, or as an attachment with an address.

CR2E034 (10/97)