

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 11 1996 8:00 am
Secretary of State

DOCUMENT # P93000087257 (0)

1. Corporation Name

PALM BEACH INTERNATIONAL COSMETICS, INC.



Principal Place of Business

Mailing Address

1 SE 3RD AVE.
SUITE 1400
MIAMI FL 33131
US

1 SE 3RD AVE.
SUITE 1400
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

02/16/1995

4. FEI Number

65-0463065

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

10. Name and Address of New Registered Agent

COPROLITE CORPORATION
SUITE 1400
ONE SOUTHEAST THIRD AVE.
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	STERNLIEB, HERBERT H CPA	515 E. LAS OLAS BLVD., STE. 850	FT. LAUDERDALE FL	<input type="checkbox"/>
VD	NUNLEY, ERIC S	515 E. LAS OLAS BLVD., STE. 850	FT. LAUDERDALE FL	<input type="checkbox"/>
S	RICHARDS, DEBORAH	515 E. LAS OLAS BLVD., STE. 850	FT. LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		13221 ST. TROPEZ CIRCLE	PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	465 SWEETWOOD WAY	WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	5224 N.W. 54 STREET	COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP			<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP			<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP			<input type="checkbox"/>	<input type="checkbox"/>

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT H. STERNLIEB, President

Date

Daytime Phone #

3/11/96 305-377-9353

CR2E034 (12/95)