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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000087257 (0)

1. Corporation Name
PALM BEACH INTERNATIONAL COSMETICS, INC.



Principal Place of Business
1 SE 3RD AVE.
SUITE 1400
MIAMI FL 33131
US

Mailing Address
1 SE 3RD AVE.
SUITE 1400
MIAMI FL 33131-1777
US

3. Date Incorporated or Qualified
12/20/1993

3a. Date of Last Report
03/11/1996

4. FEI Number
65-0483065

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME STERNLIEB, HERBERT H CPA
STREET ADDRESS 13221 ST. TROPEZ CIRCLE
CITY-STATE-ZIP PALM BEACH GARDENS FL

TITLE VD ☒ DELETE
NAME NUNLEY, ERIC S
STREET ADDRESS 485 SWEETWOOD WAY
CITY-STATE-ZIP WEST PLAM BEACH FL

TITLE S ☒ DELETE
NAME RICHARDS, DEBORAH
STREET ADDRESS 5224 N.W. 54TH STREET
CITY-STATE-ZIP COCONUT CREEK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Klaus Meyer
1.3 STREET ADDRESS 7501 Marsh Cove
1.4 CITY-STATE-ZIP Palm Beach Gardens, FL 33418

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Jennifer Swinton
2.3 STREET ADDRESS Royal Poinciana Plaza
2.4 CITY-STATE-ZIP Palm Beach, FL

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME Susanne Meyer
3.3 STREET ADDRESS 7501 Marsh Cove
3.4 CITY-STATE-ZIP Palm Beach Gardens, FL 33418

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 if included in an attachment with an address.

SIGNATURE: Klaus Meyer, President 4/10/97 (305) 377-9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)