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

APPROVED AND FILED
1996 MAY -1 PM 10:42
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000037699 (2)

1. Corporation Name

ROSA'S COSMETICS, INC.

Principal Place of Business	Mailing Address
34 N.E. 3RD AVE. SUITE 77 MIAMI FL 33137	34 N.E. 3RD AVE. SUITE 77 MIAMI FL 33137

3. Date Incorporated or Qualified: 05/11/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 255 E. FLAGER ST.; Suite, Apt. #, etc.: 22 101; City & State: 23 MIAMI - FLORIDA; Zip: 24 33131; Country: 25 U.S.A

2a. Mailing Address: 26 255 E. FLAGER ST.; Suite, Apt. #, etc.: 27 101; City & State: 28 MIAMI - FLORIDA; Zip: 29 33131; Country: 30 U.S.A.

4. FEI Number: 65-0579291 ☐ 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

9. Name and Address of Current Registered Agent

FIGUEIRA, FABIO B
34 N.E. 3RD AVE.
SUITE 77
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: FIGUEIRA, FABIO B.
82 Street Address (P.O. Box Number is Not Acceptable): 255 E. FLAGER ST.
83 SUITE 101
84 City: MIAMI FL 85 Zip Code: 33131

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] DATE: 04-22-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FIGUEIRA, FABIO B		1.2 NAME	
STREET ADDRESS	801 N.E. 139TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LYON, MARIA R		2.2 NAME	900001816429
STREET ADDRESS	3019 S.W. 67TH LANE		2.3 STREET ADDRESS	-05/10/96--01032--008
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	xcl 5/9/96
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: [signature] FABIO B. FIGUEIRA 04-22-96 (305)372-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #