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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000037699 (2)

ROSA'S COSMETICS, INC.

FILED Apr 09 1998 8:00am Secretary of State

A NORMÁRA DOS ROBE BERO BRIDA BOLIN BOLIN BOLIN BÓRICO BERÓN DINID ARADO BERES JOHNO ARAD FIRMA

03-31.98.

Principal Place	of Business	Mailing Address				
255 E. FLAGLE	ER ST.	255 E. FLAGLER ST.	:			
#101 Miami Fl 33131		#101 Miami FL 33131	.•		DO NOT WRITE IN THIS SPACE	
MIAMI PL 53:51		***************************************			3. Date Incorporated or Qualified	
					05/11/1995	
	ace of Business	2a. Mailing Address	mat d		4, FEI Number Applied For	
	'S CUSMETICS inc	B 255E FLAGLERST		RST	65-0579291 Not Applicable	
Suite, Apt. (V, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	
22 101		27 01				
City & State		City & State	¬		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	Country	Zip		intry .	This corporation owes or has paid the current year Intangible	
24 33)		29 33131	30 F	LÓRIA L	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent	
FIG	UEIRA, FABIO B			81 Name		
255 E. FLAGLER ST.				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 101						
	MI FL 33131			83		
• •				64 City	85 Zip Code	
				<u> </u>	FL 6 P CONTRACTOR	
office or re	egistered agent, or both, in the State c	l Florida. Such change was	: authorize	a by the corpo	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
agent i ar	n familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Stal	tutes.	• • • • •	
SIGNATURE					required when reinstating) DATE	
	Signature, typed or printed name of registered agent OFFICERS AND		13.	d Ageni signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	D OFFICERS AND	DELETE	1.1 11	TLE T	Change Addition	
NAME	FIGUEIRA, FABIO B			AME 👞		
STREET ADDRESS	801 N.E. 139TH ST.			REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33181		1.40	ITY-ST-ZIP		
TITLE	D	DELETE	2.1 TI	ITLE	Change Addition	
NAME	LYON, MARIA R		2.2 N	AME		
STREET ADDRESS	3019 S.W. 67TH LANE		2.3 \$	TREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		2.40	CITY-ST-ZIP		
TITLE		DELETE	3.1 T	ITLE	Change Addition	
NAME			3.2.N	AME		
STREET ADDRESS			3.3 S	TREET ADDRESS		
CITY-ST-ZIP		Donore		CITY-ST-ZIP	Change Addition	
TITLE		DELETE	4.1 T	l l	L. Grande L. Account	
NAME			4.21			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE	5.1 T	ITY-ST-ZIP	Change Addition	
TITLE NAME			5.2 N		· · _	
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				ATY-ST-ZIP		
TITLE		DELETE	6.1 T		Change Addition	
NAME		- :-	6.2 N	IAME		
STREET ADDRESS			6.3 9	TREET ADDRESS		
COTY ST - 74P			640	HTY-ST-ZIP		
44 I berebu	certify that the information supplied wil	h this filing does not qualify	for the ex	emption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an	
l officer or	director of the corporation or the rece	ver er trustee empowered t	o execute	this report as	s required by Chapter 607, Florida Statutes; and that my name appears in	
Block 12	or Block 13 if changed, or on an attac	hmont with an address.	-			

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