


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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000059582 (3) 1. Corporation Name COSMETICS 2000, INC.					
Principal Place of Business % STANLEY ACKER, PRESIDENT 4000 ISLAND BLVD., UNIT 1604 WILLIAMS ISL NORTH MIAMI BEACH FL 33160			Mailing Address % STANLEY ACKER, PRESIDENT 4000 ISLAND BLVD., UNIT 1604 WILLIAMS ISL NORTH MIAMI BEACH FL 33160		
2. Principal Place of Business 21 900 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. 22 SUITE 340 City & State 23 BOCA RATON FLORIDA Zip 24 33160		2a. Mailing Address 26 900 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. 27 SUITE 340 City & State 28 BOCA RATON FLORIDA Zip 29 33160		3. Date Incorporated or Qualified 08/02/1995 4. FEI Number 65-0602490 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent ACKER, STANLEY 4000 ISLAND BLVD. UNIT 1604, WILLIAMS ISLAND NORTH MIAMI BEACH FL 33160			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 160 KEY PALM ROAD 83 84 City BOCA RATON FL 85 Zip Code 33492		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	ACKER, STANLEY	
NAME	ACKER, STANLEY		1.2 NAME	900 NORTH FEDERAL HIGHWAY SUITE 340	
STREET ADDRESS	4000 ISLAND BLVD., UNIT 1604 WILLIAMS ISL.		1.3 STREET ADDRESS	BOCA RATON FL 33160	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACKER, KAREN		2.2 NAME		
STREET ADDRESS	P.O. BOX 800, N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	NYACK NY 10960		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACKER, MARK		3.2 NAME		
STREET ADDRESS	47 TRANQUILITY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUFFERN NY 10901		3.4 CITY-ST-ZIP		
TITLE	VID	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACKER, DAVID		4.2 NAME		
STREET ADDRESS	196 EAST 75TH STREET, APT. 17D		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		

14. 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 if changed, or on an attachment with an address.

SIGNATURE:

Stanley Ackers VP, Secretary 3/9/98 (914) 639-4686

CR2E034 (10/97)