

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078966 (5)

1. Corporation Name

MIRINKA COSMETIC CREATIONS, INC.



Principal Place of Business

Mailing Address

21300 SAN SIMEON WAY #M7
NORTH MIAMI FL 33179

21300 SAN SIMEON WAY #M7
NORTH MIAMI FL 33179

3. Date Incorporated or Qualified

3a. Date of Last Report

10/09/1995

2. Principal Place of Business

2a. Mailing Address

21 6405 N. FEDERAL Highway

26 6405 N. FEDERAL Highway

4. FEI Number

Applied For

65-0615853

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 202

27 SUITE 202

City & State

City & State

23 FORT LAUDERDALE, FL

28 FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24 33308

25 USA

29 33308

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENDOVA, MIREILLE
21300 SAN SIMEON WAY #M7
NORTH MIAMI FL 33179

81 Name

BENDOVA, MIREILLE

82 Street Address (P.O. Box Number is Not Acceptable)

5300 NE 32ND AVENUE

83

84

City FORT LAUDERDALE

FL

85

Zip Code 33308

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 ☐ DELETE

NAME BENDOVA, MIREILLE
STREET ADDRESS 21300 SAN SIMEON WAY #M7
CITY-ST-ZIP NORTH MIAMI FL 33179

1.1 TITLE ☒ Change ☐ Addition

NAME P
12 NAME
13 STREET ADDRESS 5300 NE 32ND AVENUE
14 CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE

Mireille Bendova

Mireille Bendova

4-12-96 954-776-4611

Date

Day/In e Phone #

CR2E034 (12/95)