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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079562 (1)**

1. Corporation Name

TRANSWORLD MAKEUP CORPORATION

Principal Place of Business

**268 E. FLAGLER STREET
MIAMI FL 33131**

Mailing Address

**268 E. FLAGLER STREET
MIAMI FL 33131-1302**



3. Date Incorporated or Qualified

10/17/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 73 S.E. 1ST. STREET
Suite, Apt. #, etc.

26 73 S.E. 1ST STREET
Suite, Apt. #, etc.

4. FEI Number

65-0621517

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

23 **MIAMI, FL**

27 **MIAMI, FL.**

24 **33131**

29 **33131**

9. Name and Address of Current Registered Agent

**ROTH, LEONARD A
8350 SO. DIXIE HIGHWAY PENTHOUSE TWO
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

1.1 TITLE **PVST** ☐ DELETE

1.2 NAME **GENENDER, FELISA A**
1.3 STREET ADDRESS **268 E. FLAGLER STREET**
1.4 CITY-ST-ZIP **MIAMI FL 33131**

2.1 TITLE **D** ☐ DELETE

2.2 NAME **MACHABANSKI, JOSE**
2.3 STREET ADDRESS **659 MERIDIAN AVE.**
2.4 CITY-ST-ZIP **MIAMI BEACH FL 33139**

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE ☐ DELETE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE ☐ DELETE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVST** ☐ Change ☐ Addition

1.2 NAME **GENENDER, FELISA A**
1.3 STREET ADDRESS **73 S.E. 1ST ST.**
1.4 CITY-ST-ZIP **MIAMI, FL. 33131**

2.1 TITLE **D** ☐ Change ☐ Addition

2.2 NAME **JOSE MACHABANSKI**
2.3 STREET ADDRESS **73 S.E. 1ST STREET**
2.4 CITY-ST-ZIP **MIAMI, FL 33131**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

Jose Machabanski

JOSE MACHABANSKI

04-17-97

305-371-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0176086

CR2E034 (9/96)