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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DESCRIPTION OF CONCORDATIONS

1006

DOCU	MENT # P950 0	009048	37 (6)	JHA I II	JN5				
1. Corporation MARVII	E COSMETICS, INC.		(-)						
Principal Piace of Business Mailing Address									
23164 VIA ST		23164 VIA							
BOCA RATO		BOCA RATON FL 33433							
						3. Date Incorporated or Qualified 11/21/1995	3a. Date	e of Last Re	eport
-	ace of Business	2a. Mahing Address				4. FET Number 65-06282	40	<u> </u>	Applied For
Suite, Apt. :	#. etc.	26					7 U		Not Applicable Additional
2	.,	27				5. Certificate of Status Desired			Required
City & State)	Oty & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country		Ζ(p) 30		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes □ No			
	g. Name and Address of Curre					10. Name and Address of New		Agent	·
				81	Name				
BOGDANOFF, ROBERT J				82 Street Address (P.O. Box Number is Not Acceptable)					
	FOUTH AVE.		83						
UELKAY	BEACH FL 33483			03	<u> </u>				
			•	84	City		FI	85 Zg	o Code
DIOLIAN INC	Signature, typod or printed name of registered agen		(NOTE Region			ration submits this statement for the pure of directors. I hereby accept the application of the pure o	DATE		
TITLE	D		ne. eve	3. 1 THLF	T	P/D		Change	Addition
NAME	FEIDELMAN, MELISSA		1.	2 NAME		,	•	· · · ·	
STREET ADDRESS	23164 VIA STELL		1.	3 STHEF	I ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433			4 CITY -					
lite				1 TITLE		SID NOON GEELDEL	mu.	Change	Addition
NAME				2 NAME	Lappores 3	INS DOBUM DO	ive		
STREET ADDRESS CITY - ST - ZIP				3 STREE 4 City-:	TADDRESS	LAROLG, FEIDEL 108 DORME Dr. HERry Hill, N	15	0800	ງ ʹʹ3
TITLE				1 TITLE	ol-tile C	Truly MILLY		Change	Addition
NAME				2 NAME		,	'	3-	
STREET ADDRESS			3	3 SIREE	1 ADDRESS				
CITY - ST - ZIP				4 CITY -	S1 - ZI ²	V 2002 - Par - William - Par Mills 200 - Mills			
ITLE				1 THILE			ļ	Change	Addition
NAME			B ⁺	2 NAME					
STREET ADDRESS					1 ADDRESS				
CITY - ST - 7IP TITLE				4 CHTY-:	51-ZP			Change	Addition
NAME				2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			i	4 CITY-					
TITLE				1 TITLE		THE COURSE OF STREET,		Change	Addition
NAME			6	2 NAME	1				

14. Ido 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 path; that I am an officer or director of the corporation on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE: /

STREET ADDRESS

CiTY-ST-ZIP