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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600038854

1. Corporation Name

COSMETICS... BY ANDREA, INC.

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90205 006 \*\*\*150.00



Principal Flace	O Dusiness		ng Address				1						
1377 WEST PALMETTO PARK ROAD BOCA RATON FL 33486			1377 WEST PALMETTO PARK ROAD BOCA RATON FL 33486					DO NOT WR	ITE IN THIS S	SPACE			
	•						3. Date Incorpo	orated or Qualifed					
							05/06/199	96					
2. Principat Pia	ace of Business	^2a. N	/lailing Address				4. FEI Number	<del></del>	- · · ·		Applied	For	
21	•	26					65-06.123	51			Not App	plicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.				5. Certifcate of	f Status Desired		• -	<b>5</b> Additi Require		
City & State	9		City & State				6 Election Car	mpaign Financing		\$5.0	DO Mav	Be	
23	. •	28	•				Trust Fund (				ed to Fe		
Zip	Country		ip.	Cour	ntry		8. This corpora	ation owes the cur	rent year Inta	ngible			
24	25	29	·	30			Personal Pro			Yes	VΖΝ	No	ŧ
	9. Name and Address of Current		red Agent				10. Name and	Address of New	Registered A	gent			
			7		81	Name							
LERA	RO, VICTOR				82	01	(D.O. Barry No.	-has in Nat Assent	inhla)		<del></del>		
2600 N MILITARY TRAIL						Street Add	ldress (P.O. Box Num	able)	,				
	E 230			ŀ	83		<u> </u>						
	A RATON FL 33431												
555.					84	City			FL.	85 4	Zip Code	∍.	
	to the provisions of Sections 607.0502	0 607	1500 Florida Statuta	- +5- 0	10140	named co	moration cubmits this	e etatement for the	numose of o	hanning	ı its regi	stered	
44 👨	egistered agent, or both, in the State o	of Florida.	. Such change was au	tnorizea	ו סע וו	ne corpora	ation's board of direct	ors. I hereby acce	pt the appoin	tment a	s registe	ered	
office or re	m familiar with, and accept the obligati	tions of, S	ection 607.0505, Flor	da Statu	utes.								٠
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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, with all other like empowered.

SIGNATURE: (

4/10/99 561-451 0251
Date Daytime Phone #