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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Bi Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048870 (5)

BIOCOSMETIC, INC.

FILED Jun 19 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				t 1045/144, tid 18410 Billi Baitt Safit Calil Baill atent 18401 (811) 18811 4811 4811	
2380 SW 80TH		2380 SW 80TH CT.					
MIAMI FL 8315	5	MIAMI FL 33155-1260					
						3. Date Incorporated or Qualified 3s. Date of Last Report 06/07/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number C MM (20) Applied For	
21 N	o open		es es	ar	ove.	65-66/1996 Not Applicable	
Suite, Apt	#, etc. <i>(</i>)	Suite, Apt. #, etc				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Hequired	
City & State	e	City & State	├ŋ ´			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip		ountry	,	This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	,		Florida Statutes Yes No	
,	9, Name and Address of Curr			T		10. Name and Address of New Registered Agent	
_ MIR/	ANDA, MARIA M			81	Name		
2380			82	Street /	Address (P.O. Box Number is Not Acceptable)		
- MIAJ	MI FL 33155			["]	Oli CO()	Appliess (1.5. Box Northborts Not Appelptable)	
:₩				83			
				84	City	85 Zip Code	
·					,		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida S	atutes, the	abovi	e-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obl	igations of, Section 607.050	5, Florida St	atutes	3.	portation a board or circectors. Thereby accept the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered a	ND DIRECTORS	(NOTE: Registo		n' signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	DELETE		TITLE	··	Change Addition	
NAME	HERNANDEZ, JUAN C			NAME	ļ		
STREET ADDRESS	AMERICA 630, SAN ISIDRO,	BUENOS AIRES	1.3	STREET	ADDRESS		
CITY-ST-ZIP	ARGENTINA		1.4	CITY-S	1 - ZIP		
TITLE	DV	DELETE	2.1	TITLE		Change Addition	
NAME	PEREYRA, LAURA P		2.2	NAME			
STREET ADDRESS	AMERICA 630, SAN ISIDRO,	BUENOS AIRES	2.3	STREET	ADDRESS		
CITY-ST-ZIP	ARGENTINA			C 7Y~8	ST-ZIP		
TITLE	DT -	DELETE	3.1	TITLE		☐ Change ☐ Addition	
NAME	MIRANDA, MARIA		3.2	NAME			
STREET ADDRESS	2380 SW 80TH CT.		3.3	STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155			CITY-S	ST-ZIP		
TITLE		DELETE		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE		CHY-S	T-21P	Change Addition	
TITLE NAME				NAME	Ì	Columba C Woodillou	
					ADDOCOC	· (~ \ \ \ \ \	
STREET ADDRESS					ADDRESS	$\gamma \chi_{\alpha} $	
CITY-ST-ZIP TITLE		DELETE		DITY-S TITLE	1 - ZIF	Change Addition	
NAME				NAME			
1 1			1		ADDDCCC	900002217469 -06/1 <u>9</u> /9701092026	
STREET ADDRESS					ADDRESS	***165.00	
CITY-ST-ZIP			5.4	CITY-S	I-ZIP	1	

14. I do hereby certify that the information supplied with this filing gloss not qualify by the exomption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental angual 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. Trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block. 13 if chapped, or on an example of the corporation or the receiver.

CICHATURE.

TOND MARKET

CR2E034 (9/96)