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**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000052279 (2)

1. Corporation Name
COSMESWISS DISTRIBUTORS, INC.



Principal Place of Business

~~555 COLORADO AVENUE
STUART FL 34994~~

Mailing Address

~~555 COLORADO AVENUE
STUART FL 34994-9006~~

3. Date Incorporated or Qualified
06/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 **789 South Federal Hwy**
Suite, Apt. #, etc.

2a. Mailing Address

26 **same**
Suite, Apt. #, etc.

4. FEI Number
65-0700243

Applied For
Not Applicable

22 **SUITE 209**
City & State

27
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **STUART FL**
City & State

28
City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **34994** Zip
Country **USA**

29
Zip
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRARY, LAWRENCE E III
555 COLORADO AVENUE
STUART FL 34994**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D MARTIN, MARCEL**
STREET ADDRESS **3245 MORNINGSIDE BLVD.**
CITY - ST - ZIP **PORT ST. LUCIE FL 34952**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **789 So. FEDERAL HIGHWAY**
1.4 CITY - ST - ZIP **STUART, FL 34994**

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 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:

MARCEL MARTIN

Jan. 16.97

219 9774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0471804

CR2E034 (9/96)