

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morán Secretary of State DIVISION OF CORPORATIONS
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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 34994-3806



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 789 South Federal Hwy		26 same		06/19/1996		06/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 SUITE 209		27		65-0700243		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 STUART FL		28		☐		\$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		☐	
24 34994		25 USA		29		30	
3. Date of Last Report		4. FEI Number		5. Certificate of Status Desired		8.75 Additional Fee Required	
06/19/1996		65-0700243		☐		\$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution		☐		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, MARCEL	1.2 NAME	
STREET ADDRESS	3243 MORNINGSIDE BLVD.	1.3 STREET ADDRESS	789 So. FEDERAL HIGHWAY
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1.4 CITY-ST-ZIP	STUART, FL 34994
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: May 16 1997 2:19 9774

CR2E034 (9/96)