PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082222 1. Corporation Name

INTERNATIONAL COSMETICEUTICALS, INC.

Principal Place of Business		//ailir
2588 SW 27 AVE	2	588
MIAMI FL 33133	N	IIAMI

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90007 039 ***150.00



Principal Place of Business Mailing Address							i istoriaat ist 1840) raitt attit attit kaist aniet ra	IFE FIELE	11919 119	10 HEL 1001
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2588 SW 27 AV MIAMI FL 33133		2588 SW 27 AVE Miami Fl 33133					DO NOT WRITE IN TUIC C	DACE		
						<u> </u>	DO NOT WRITE IN THIS S	FACE		
	•						Date Incorporated or Qualifed 09/21/1998			
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number	L	Appli	ed For
21	يني العفوسيتهم المداية فيهيرا	26		-			65-0869580.		Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certificate of Status Desired	•		ditional
22		27				3.	Certificate di Status Desired	Fee	Requ	ıired
City & State	9	City & State				6.	Election Campaign Financing	\$ 5.	00 м	ay Be
23	•	28					Trust Fund Contribution	Ada	led to	Fees
Zip	Country	Zip	Count	try	-	8.	This corporation owes the current year Intai	ngible		
24	25	29 3	0					Yes	<u></u>]No
	9. Name and Address of Current	<u> </u>	<u> </u>	_		10.	Name and Address of New Registered A	gent		
			8	31	Name		100			
KAU	ffman, ronald		۱.	_		(0	O. Day Number is Net Accortable)	•		
100	SE SECOND STREET, STE. 2350			32	Street Addres	55 (P.	O. Box Number is Not Acceptable)	•		ļ
	AI FL 33131	•	1	33						
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			[8	34	City		· FL	85	Zip Ca	de
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ove-	-named corpor	ration	submits this statement for the purpose of c	hangin	g its re	gistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Fiorida. Such change was auti	norized i	บงเ	he corporation	n's boa	ard of directors. I hereby accept the appoint	tment a	is regis	stered
SIGNATURE	•									
0,0,0,0,0	Signature, typed or printed name of registered agent			gent	signature required v					2 17 12
12.	OFFICERS AND		13.			ΑΑ	ADDITIONS/CHANGES TO OFFICERS AND	Char		S IN 12
TITLE	D'.	☐ DELETE	1,1 TITL	Ε					ige	
NAME	ZAIAC, MARTIN N		1.2 NAM	E	ĺ					
STREET ADDRESS	2588 SW 27 AVE		1.3 STR	EET/	ADORESS			•		
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY	- ST-	-ZIP					
TITLE	D	☐ DELETE	2.1 TITL	E				Chai	nge	☐ Addition
NAME	KERDEL, FRANCISCO		2.2 NAM	Œ						
STREET ADDRESS	2588 SW 27 AVE	المراز المديرة فالمراز المحرارة	2.3 STR	EET,	ADDRESS	ć	مع سعومت سے سیال دی دیو	* · , .		
CITY-ST-ZIP	MIAMI FL 33133		2. 4 CIT	Y-ST	r-71P					1
TITLE	D	☐ DELETE	3.1 TITL					Chai	nge	Addition
NAME	WEISS, EDUARDO		3.2 NAM					•		Ì
	2588 SW 27 AVE	' \	i i		ADDRESS		,			1
STREET ADDRESS		7								
CITY-ST-ZIP	MIAMI FL 33133	. DELETE	3.4. CIT		· ZIP			Cha	nae .	Addition
TITLE	D	, LI OLLEIÇ			1					
NAME	MIYAR, RAMON	,	4. 2 NAM							,
STREET ADDRESS	2588 SW 27 AVE)			ADDRESS			,		- 1
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY		-ZIP					- Addition
TITLE		☐ DELETE	5.1 TITL					☐ Cha	nge	Addition
NAME			5.2 NAM					-		
STREET ADDRESS	, ·		5.3 STR	EET.	ADDRESS					
CITY-ST-ZIP	•		5.4 CITY	/-ST	-ZIP					
TITLE		☐ DELETE	6.1 TITL	E.				Cha	nge	Addition
NAME			6.2 NAN	Æ						
CTDEET ADDRESS			6.3 STR	EET	ADDRESS					ì

6.4 CITY-ST-ZIP 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.

STREET ADDRESS