

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082222

FILED
Mar 18, 2004
Secretary of State

Entity Name: INTERNATIONAL COSMECEUTICALS, INC.

Current Principal Place of Business:

2588 SW 27 AVE
MIAMI, FL 33133

New Principal Place of Business:

9750 NW 17 ST.
SUITE 1
MIAMI, FL 33172

Current Mailing Address:

2588 SW 27 AVE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0867580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIYAR, RAMON
2588 SW 27 AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ZAIAC, MARTIN N
Address: 2588 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: TD () Delete
Name: KERDEL, FRANCISCO
Address: 2588 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: SD () Delete
Name: WEISS, EDUARDO
Address: 2588 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: PD () Delete
Name: MIYAR, RAMON
Address: 2588 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON MIYAR

PD

03/18/2004

Electronic Signature of Signing Officer or Director

_____ Date