

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V07942** (8)

1. Corporation Name

ALADORO SOAP & COSMETIC COMPANY, INC.



Principal Place of Business

**1801 CLINTMOORE ROAD
SUITE 202
BOCA RATON FL 33487**

Mailing Address

**1801 CLINTMOORE ROAD
SUITE 202
BOCA RATON FL 33487**

3. Date Incorporated or Qualified
01/17/1992

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEL Number

65-0314819

Applied For
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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

**FRIEDLAND, ALAN
1801 CLINT MOORE RD., SUITE 202
BOCA RATON FL 33487**

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 of person making this registration in the State of Florida

Signature of Registered Agent (Signature required when not already on file)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
P	FRIEDLAND, ALAN	1801 CLINTMOORE ROAD SUITE 202	BOCA RATON FL 33487	☐
TS	FRIEDLAND, DOROTHY	801 CLINTMOORE ROAD SUITE 202	BOCA RATON FL 33487	☐
				☐
				☐
				☐
				☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. CHANGE	6. ADDITION
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Alan Friedland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 1996 407 241-0911
DATE: _____

CR2E034 (12/95)