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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V31183

(9)

SANS COSMETICS, INC.

**FILED** Mar 25 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							1 10011 011600 11161 11004 11901 10100	DIN DABON BURFA O	. POLL BIBLICA HORI	U/U(  108
3605 S OCEAN BLVD APT C-228 PALM BEACH FL 33480			3605 S OCEAN BLVD APT C-228 PALM BEACH FL 33480				DO NOT WRIT	E IN THIS S	PACE	
FALM BENCH TE 33400			FALM DEAGH FE 33400			3.	3. Date Incorporated or Qualified			
							04/23/1992			
2. Principal P	lace of Business	2a	. Mailing Address				FEI Number		I Ar	oplied For
21			26				65-0328730	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
22			27			9.	Certificate of Status Desired	ы	Fee Re	periupe
City & State			City & State			6.	Election Campaign Financing		\$5.00	May Be
23)			[28]				Trust Fund Contribution		Added	to Fees
Zip	Country		Zip Cou		ntry		This corporation owes or has p			
24	25	25 29 30  9. Name and Address of Current Registered Agent			Personal Property Ta			k due June 30. LYes No.		
		iress of Current Regis	tereo Agent	B	Name		Name and Address of New H	egistered A	gent	
	ICK, SANDRA			Ľ	Tauric	0				
3605 S OCEAN BLVD			82			Street Address (P.O. Box Number is Not Acceptable)				
APT C-228			<u> </u>							
PAI	LM BEACH FL 3348	80		*	'					
				84	City	**			<b>85</b> Zip (	Code
44 Purcuant	to the provisions of So	actions 607 0602 and 6	07 1509 Florida Statut	on the above	in name	d corporation	aubmita this statement for the	FL	abasalas il	to so sinterest
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	<del></del>	mark to the second								
Signature: typed or pentled name of registered agent a  12. OFFICERS AND I							reinstating) DDITIONS/CHANGES TO OFF	DATE ICEDS AND	DIRECTOR	OC 181 10
TITLE	P	OFFICE NO AND DINE	DELETE	1.1 T(TLE	<del></del>		DUITIONS/CHANGES TO OFF		Change	Addition
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CITY-ST-ZIP				4.4 CITY-	ST-ZIP	İ				
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CITY-ST-ZIP				5.4 CITY-	ST-ZIP					
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NAME				6.2 NAME						
STREET ADDRESS					T ADDRESS	. ]				
CITY-ST-ZIP				6.4 CITY-						
44				<del></del>						

I hereby cortify 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 arrural report or supply herital arrural 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 of yide receiver or trustee epypowered 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 of an attachment with ap address.