SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V46645** **(0)**

1. Corporation Name
COSMETIC SOLUTIONS, INC

Principal Place of Business	Mailing Address
~~1753 NW MADRID WAY~~ ~~BOCA RATON FL 33432~~ ~~US~~	~~1753 NE MADRID WAY~~ ~~BOCA RATON FL 33432~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1992	3a. Date of Last Report: 06/16/1994
4. FEI Number: 65-0345555	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 10018 SPANISH ISLES BLVD	26 10018 SPANISH ISLES BLVD
22 Suite, Apt. #, etc: SUITE A-52	27 Suite, Apt. #, etc: SUITE A-52
23 City & State: BOCA RATON FL	28 City & State: BOCA RATON FL
24 Zip: ~~33~~ 33498 25 Country: U.S.A.	29 Zip: 33498 30 Country: U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOWICKI, MARK J 1155 US HIGHWAY ONE SUITE 302 JUNO BEACH FL 33408	01 Name: MERVYN BECKER 02 Street Address (P.O. Box Number is Not Acceptable): 10018 SPANISH ISLES BLVD - A52 03 04 City: BOCA RATON FL 05 Zip Code: 33498

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: M. BECKER. DATE: 7/17/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	~~BECKER, HILTON MD~~	12 NAME	DELETED
STREET ADDRESS	~~2617 N FEAGLER DR~~	13 STREET ADDRESS	
CITY ST ZIP	~~WEST PALM BCH FL~~	14 CITY ST ZIP	
TITLE	PD	21 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	BECKER, MERVYN	22 NAME	MERVYN BECKER
STREET ADDRESS	~~1753 NW MADRID WAY~~	23 STREET ADDRESS	10018 SPANISH ISLES BLVD. A52
CITY ST ZIP	~~BOCA RATON FL~~	24 CITY-ST-ZIP	BOCA RATON, FL 33498.
TITLE	STD	31 TITLE	☑ Change ☐ Addition
NAME	~~BECKER, BEVERLEY~~	32 NAME	DELETED.
STREET ADDRESS	~~5458 TOWN CENTER RD~~	33 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: 7/17/95 Date 407-883 0540. Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0086706 CP