

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **770697** (1)

FLORIDA COSMETIC AND PHARMACEUTICAL MANUFACTURING ASSOCIATION, INC.



Principal Place of Business: 2046 MC KINLEY STREET #4 HOLLYWOOD FL 33020
Mailing Address: 2046 MC KINLEY STREET #4 HOLLYWOOD FL 33020

2	Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified	3a	Date of Last Report
					10/11/1983		01/30/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FBI Number	Applied For	
					59-2343590	Not Applicable	
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required	
					<input type="checkbox"/>		
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
					<input type="checkbox"/>		
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				9. Name and Address of Current Registered Agent			
				10. Name and Address of New Registered Agent			

SAYOC, MADELINE
2046 MC KINLEY STREET
SUITE 4
HOLLYWOOD FL 33020

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYOC, MADELINE	12 NAME	
STREET ADDRESS	18151 N.E. 31ST COURT	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, JAMES	22 NAME	
STREET ADDRESS	P.O. BOX 4547 - NA 19508 Bob-o-Link Drive	23 STREET ADDRESS	19508 Bob-o-Link Drive
CITY-ST-ZIP	MIAMI FL 33015	24 CITY-ST-ZIP	Miami, FL 33015
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENAHDSON, ROSINA	32 NAME	
STREET ADDRESS	41 NW 105TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33136	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *By: Madeline Sayoc, President* 1/16/96 954-94-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)