

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 770697 (1)  
1. Corporation Name  
FLORIDA COSMETIC AND PHARMACEUTICAL MANUFACTURING ASSOCIATION, INC.



Principal Place of Business: 2450 HOLLYWOOD BLVD SUITE 405 HOLLYWOOD FL 33020 US

Mailing Address: 2450 HOLLYWOOD BLVD SUITE 405 HOLLYWOOD FL 33020 US

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: 10/11/1983

4. FEI Number: 59-2343590 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. Is this nonprofit corporation a homeowners' association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
SAYOC, MADELINE  
2450 HOLLYWOOD BLVD  
SUITE 405  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAYOC, MADELINE	
STREET ADDRESS	18151 N.E. 31ST COURT	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COYLE, JAMES	
STREET ADDRESS	19508 BOB-O-LINK DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LENARDSON, ROSINA	
STREET ADDRESS	41 NW 105TH ST.	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Christopher Vaughan
2.3 STREET ADDRESS	1425 SW 1st Ct., #23
2.4 CITY - ST - ZIP	Pompano Beach, FL 33069
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify 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 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: *Madelina Sayoc* MADELINE SAYOC President 1/8/98 954-921-2171

CF2E037 (10/97)