

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000082222

**Entity Name:** INTERNATIONAL COSMECEUTICALS, INC.

**Current Principal Place of Business:**

9750 NW 17 ST.  
SUITE 1  
MIAMI, FL 33172

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC5969663604**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134

**FEI Number: 65-0867580**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA  
2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            VPD  
Name            ZAIAC, MARTIN N  
Address        2121 PONCE DE LEON BLVD. #1050  
City-State-Zip: CORAL GABLES FL 33134

Title            TD  
Name            KERDEL, FRANCISCO  
Address        2121 PONCE DE LEON BLVD. #1050  
City-State-Zip: CORAL GABLES FL 33134

Title            TD  
Name            WEISS, EDUARDO  
Address        2121 PONCE DE LEON BLVD. #1050  
City-State-Zip: CORAL GABLES FL 33134

Title            PSD  
Name            MIYAR, RAMON  
Address        2121 PONCE DE LEON BLVD. #1050  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RAMON MIYAR**

**PSD**

**02/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date