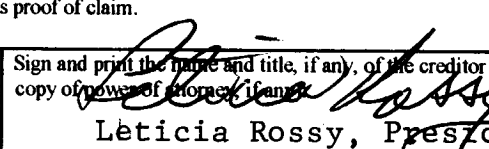


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al.		Your claim is scheduled as follows: Class UNSECURED NON PRIORITY Amount \$7,934.79 10564916 This Space is for Court Use Only
Case Numbers 02-02462 through 02-02499		
Name of Debtor: (see attached for complete list of debtors) K Mart Corporation	Case Number: 02-02474	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): 11 2318818 JOSE ROSSY ASENCIO ACCOUNTS RECEIVABLE GPO BOX 3729 SAN JUAN, PR 00936	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ☒ Check box if you have never received any notices from the bankruptcy court in this case. ☐ Check box if the address differs from the address on the envelope sent to you by the court.	
If address differs from above, please complete the following: Creditor Name: José Rossy Asencio, Inc. Telephone: # 787-257-4700 Address: PO Box 363729 City/St/Zip: San Juan, PR 00936-3729		
Account or other number by which creditor identifies debtor:	☐ Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____	
1. Basis for Claim ☒ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other		
☐ Retiree benefits as defined in 11 U.S.C. §1114(a) ☐ Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: 4-06-00	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 684.13 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. ☐ Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: ☐ Real Estate ☐ Motor Vehicle ☐ Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. ☐ Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: ☐ Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). ☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). ☐ Up to \$ 2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 4-4-02	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  Leticia Rossy, President	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

This Space is for Court Use Only

RECEIVED
TRUMBULL SERVICES
COMPANY

APR 09 2002

BANKRUPTCY

#2372 4-9-02

EDIFICIO 11, CENTRO MERCANTIL INTERNACIONAL

GUAYNABO PR 00965

TELEPHONE: (787) 793-8575/8579

FAX: (787) 793-2717

E-MAIL: prfstca@ibe.net

TE: 04/13/2000

WAREHOUSE RECEIPT NUMBER

TIME: 11:17:53

12750

SHIPPER: JOSE ROSSY ASENCIO INC.

ADDRESS: P.O. BOX 363729

SAN JUAN

PUERTO RICO

ORIGIN

PR

CONSIGNEE: K-MART

K-MART 26-A TUTU PARK MALL

CHARLOTTE AMALIE

ST. THOMAS

DEST

STT

DESCRIPTION TOILET PREPARATIONS

PORT REF

RECEIVED BY:

EDWIN

DOCUMENTS RCVD? Y IN BOND? HAZARDOUS? PICK UP? ZONE? 0

Type	Skids	Comments	Length	Width	Height	E/O	W/R Loc	Weight
14	1	(C. MART)	27	X 35	X 38	0		
				X	X			
				X	X			
				X	X			
				X	X			
				X	X			
				X	X			
				X	X			
				X	X			
				X	X			

PIECES
19WEIGHT
LCUBE
FEMPLOYEE: 14 V.L. 4/13/00TRUCKER: [Signature]

LIABILITY AND LIMITATION OF DAMAGES

PUERTO RICO FREIGHT SYSTEMS, INC (PRFS) shall not be liable for any loss or damage to goods handled under this agreement, however caused, unless such loss or damage is a direct result of negligence of PRFS employees.

In the event that PRFS is responsible for loss or damage as a result of its negligence, PRFS liability for such loss or damage shall be limited to twenty-five cents (\$0.25) per pound.

DOCK RECEIPT

☐ SHIPPER/EXPORTER (Name, Address & Zip Code) JOSE ROSSY ASENSIO, INC P.O. BOX 360729 SAN JUAN, PR 00936-3729 TEL. 257-4700	Date _____ Location _____ Dock Receipt No. _____ Export References _____
☐ CONSIGNEE (Name, Address & Zip Code) K-MART TUTU PARK MALL SAINT THOMAS U.S.V.I. TEL. _____	Shipping Terms: (UNLESS SPECIFIED: COLLECT) Prepaid _____ Collect <u>XX</u> _____ Declared Value \$ _____ C.O.D. ☐ Amount \$ _____ Insurance ☐ Amount \$ _____
☐ NOTIFY PARTY (Mailing Address & Zip Code) SAME TEL. _____	

MARKS & NUMBERS	NO. OF PKGS.	DESCRIPTION OF GOODS	WEIGHT	CUBE	DIMENSIONS
CTNS 1 to 5	5	INVOICES # 100 COTY 1			
1 to 2	2	# 200 COTY 2			
1 to 10	10	# 300 CALGON			
1 to 2	2	# 400 H-GARDEN			
	19	CARTONS CONTAINING TOILET PREPARATIONS			

Remarks:

HANDLE WITH CARE. TOILET PREPARATIONS

PICK UP ☐	DELIVERY ☐	ZONE ☐
Delivered by: _____ Received by: _____		

INVOICE

* JOSE ROSSY ASENSIO, INC. *

P.O. BOX 363729, SAN JUAN, PR 00836-3729
IMPORTER - EXPORTER
COSMETIQUES, PERFUMERY AGENT AND DISTRIBUTOR
TEL (787) 257-4700 • FAX (787) 257-4755
TOLL FREE 1 (800) 347-0447

FACTURA

SOLD TO / VENDIDO A

K-HART
TUTU PARK MALL
SAINT THOMAS U.S.V.I.

SHIP TO / ENVIADO A

K-HART
TUTU PARK MALL
SAINT THOMAS U.S.V.I.

DELIVERY BY ENTREGADO POR		DATE FECHA	CARTONS CAJONES
RECEIVED BY RECIBIDA POR			
APR 22		4/13/00	2

CUSTOMER NO. CLIENTE NÚM.	INVOICED BY FACTURADO POR	YOUR P.O. NUM. SU O.C. NÚMERO	DATE FECHA	ENTRY DATE FECHA ENTRADA	INVOICE NO. FACTURA NÚM.	INVOICE DATE FECHA FACTURA	DATE FECHA	DATE DATE FECHA DE VENCIMIENTO	IN TYPE TPO	REFERENCE NO. NÚM. REFERENCIA
BB005022	NORKA	938294311	90	4/06/00	200	4/06/00	5/06/00	*	*	COTY 2

TERMS CONDICIONES		SPECIAL INFORMATION INFORMATION ESPECIAL	
10X+2K 30 DAYS-NET 31		REGULAR	

QUANTITY CANTIDAD	ITEM ARTÍCULO	P.C. NUMBER	DESCRIPTION DESCRIPCION	SUGGESTED RETAIL PRECIO SUGERIDO	PRICE PER UNIT PRECIO UNITARIO	AMOUNT MONTANT
6	0	931-9019	EAU DE TOILETTE SAN 4 SABLE OMNI GIFT SETS	14.500	10.150	60.90
6	0	147-4319	ASPEN COLOGNE 2 / LLAVERO	17.950	12.565	75.39
6	0	674-4319	ASPM C.SP 2 + PEN & ADDRESS BK	20.500	14.350	86.10
WE HEREBY CERTIFY THAT THE MERCHANDISE LISTED ON THIS INVOICE IS TRUE AND CORRECT AND IT IS OF U.S. ORIGIN AND MANUFACTURE.						
ALL CLAIMS HAVE TO BE MADE WITHIN 10 DAYS AFTER THE MERCHANDISE HAS BEEN DELIVERED. FOR ANY CLAIMS A RETURN PLEASE. MENTION OUR INVOICE NUMBER.						
NOTA: NO SE ADMITEN RECLAMACIONES DESPUES DE 10 DIAS DE ENTREGADA LA MERCANCIA. AL HACER UNA DEVOLUCION O UNA RECLAMACION, SIRVASE MENCIONAR EL NUMERO DE LA FACTURA.						
26.24	TOTAL					222.39

CONDUCE

JOSE ROBBY AGENCIO, INC.

TOLL FREE 1 (800) 347-0447

FACTURA

SOLD TO / VENDIDO A

SHIP TO/ENVIADO A

K-MART
TUTU PARK MALL
SAINT THOMAS

K-MART
TUTU PARK MALL
SAINT THOMAS

**RECEIVED BY
ENTREGADO POR**

DATE
FEB 14 1971

2/13/03

CANTONS
WILTON

10X+2K 30 DAYS-NET 31	QUANTITY CMT/LEAD
-----------------------	-------------------

REGULAR

10

300	
-----	--

73001

[illegible]

INVOICE

JOSE ROSBY AGENCIA, INC.

P.O. BOX 363729, SAN JUAN, PR 00936-3729
IMPORTER - EXPORTER
COSMETIQUES, PERFUMERY AGENT AND DISTRIBUTOR
TEL (787) 257-4700 • FAX (787) 257-4755
TOLL FREE 1 (800) 347-0447

FACTURA

SOLD TO / VENDIDO A

K-MART
TUTU PARK MALL
SAINT THOMAS U.S.V.I.

SHIP TO / ENVIADO A

K-MART
TUTU PARK MALL
SAINT THOMAS U.S.V.I.

DELIVERY BY ENTREGADO POR		DATE FECHA	
RECEIVED BY RECIBIDO POR		DATE FECHA	
INITIALS INICIALES		DATE FECHA	
SIGNATURE FIRMA		DATE FECHA	

CUSTOMER NO. CLIENTE NÚM.	INVOICED BY FACTURADO POR	YOUR P.O. NUM. SU O.C. NÚMERO	BLANK VEND.	ENTRY DATE FECHA ENTRADA	INVOICE NO. FACTURA NÚM.	INVOICE DATE FECHA FACTURA	DATE DATE FECHA DE EMISIÓN	IN TYPE FECHA	REFERENCE NO. NÚM. REFERENCIA
88005022	NGRKA	938294345	90	4/06/00	400	4/06/00	5/06/00	*	H-GARDEN

QUANTITY CANTIDAD	ITEM ARTÍCULO	UFC NUMBER	DESCRIPTION DESCRIPCIÓN	QUANTITY CANTIDAD	PRICE PER UNIT PRECIO POR UNIDAD	AMOUNT MONTANT
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1	1	0	879-0900	031655220584	THE HEALING GARDEN LONGING	14.500	11.650	166.11.55
6	6	0	180-0900	0316552281097	H/O TANG BATH PRODUCTS	10.250	7.175	73.43.05
6	6	0	533-0900	0316552281124	HEAL. BATHEN TANGENT. BAY BLEA. 7	7.500	5.250	39.81.60
6	6	0	742-0900	0316552281198	H/O TANGENT. BATHEN TANGENT. BAY BLEA. 7	7.500	5.250	39.81.60
3	3	0	867-1500	031655220559	JAZZINITHA BATHEN TANGENT. BAY BLEA. 7	9.500	6.450	63.19.95
1	1	0	879-5600	031655220607	TANGENT. BATHEN TANGENT. BAY BLEA. 7	14.500	11.650	166.11.55
6	6	0	300-5600	0316552281223	H/O GREEN BATHEN TANGENT. BAY BLEA. 7	10.250	7.175	73.43.05
6	6	0	742-5600	0316552281152	H/O GREEN BATHEN TANGENT. BAY BLEA. 7	7.500	5.250	39.81.60
2	2	0	744-5600	0316552281219	H/O GREEN BATHEN TANGENT. BAY BLEA. 7	7.500	5.250	39.81.60
6	6	0	867-5600	031655220560	GREEN THERA. BATHEN TANGENT. BAY BLEA. 7	9.500	6.450	63.19.95

WE HEREBY CERTIFY THAT THE MERCHANDISE LISTED ON THIS INVOICE IS TRUE AND CORRECT AND IT IS OF U.S. ORIGIN AND MANUFACTURE.

IF PAYMENT IS MADE WITHIN OUR TERMS	DELIVERY CHARGE CARGO POR ENVO	ALL CLAIMS HAVE TO BE MADE WITHIN 10 DAYS AFTER THE MERCHANDISE HAS BEEN DELIVERED FOR ANY CLAIMS & RETURN PLEASE MENTION OUR INVOICE NUMBER.	NOTA: NO SE ADMITEN RECLAMACIONES DESPUES DE 10 DIAS DE ENTREGADA LA MERCANCIA. AL HACER UNA DEVOLUCION O UNA RECLAMACION, SIRVASE MENCIONAR EL NUMERO DE LA FACTURA.	ANY OTHER AMOUNT
49.27				417.55

CENTRO MERCANTIL INTERNACIONAL

GUAYNABO PR 00965

TELEPHONE: (787) 793-8575/8579

FAX: (787) 793-8717

E-MAIL: prfs@caribe.net

DATE: 04/13/2000

WAREHOUSE RECEIPT NUMBER

TIME: 14:20:52

12753

SHIPPER: JOSE ROSSY ASENCIO INC.

JOSROS P.O. BOX 363729

SAN JUAN

PUERTO RICO

ORIGIN

PR

CONSIGNEE: KMART 7793

KMA779 LOCKHART GARDEN S/C ROUTE 313

ROUTE 313

ST. THOMAS

DEST

STT

DESCRIPTION TOILET PREPARATIONS

EXPORT REF

RECEIVED BY:

EDWIN

DOCUMENTS RCVD? Y IN BOND? HAZARDOUS? PICK UP? ZONE? 0

Qty	Type	Skids	Comments	Length	Width	Height	E/O	W/R Loc	Weight
7	Ctns	1		50	x 37	x 29	Ø		
					x	x			
					x	x			
					x	x			
					x	x			
					x	x			
					x	x			
					x	x			
					x	x			
					x	x			

PIECES

17

WEIGHT

L

CUBE

F

EMPLOYEE: Julian Plamo

TRUCKER: Alfonso Kosi

LIABILITY AND LIMITATION OF DAMAGES

PUERTO RICO FREIGHT SYSTEMS, INC (PRFS) shall not be liable for any loss or damage to goods handled under this agreement, however caused, unless such loss or damage is a direct result of negligence of PRFS employees.

In event that PRFS is responsible for loss or damage as a result of its negligence, the amount for such loss or damage shall be limited to twenty-five cents (\$0.25)

DOCK RECEIPT

☐ SHIPPER/EXPORTER <i>(Name, Address & Zip Code)</i> JOSE ROSSY ALENCIO, INC. P.O. BOX 363729 SAN JUAN, P.R. 00936-3729 TEL. 25704700	Date _____ Location _____ Dock Receipt No. _____ Export References _____
☐ CONSIGNEE <i>(Name, Address & Zip Code)</i> X-MART ST. THOMAS LOCK HARDT SHOPPING CENTER ST. THOMAS 00802 TEL. _____	Shipping Terms: (UNLESS SPECIFIED: COLLECT) Prepaid _____ Collect XX _____ Declared Value \$ _____ C.O.D. ☐ Amount \$ _____ Insurance ☐ Amount \$ _____
☐ NOTIFY PARTY <i>(Mailing Address & Zip Code)</i> SAME TEL. _____	

MARKS & NUMBERS	NO. OF PKGS.	DESCRIPTION OF GOODS	WEIGHT	CUBE	DIMENTIONS
CENS 1 to 3	3	INVOICES 5500 CALGON			
1 to 2	2	600 COTY 2			
1 to 3	3	700 COTY 1			
1 to 3	3	800 COTY 2			
1 to 6	6	900 COTY 1			
	17	CARTONS CONTAINING TOILET PREPARATIONS			

Remarks:

HANDLE WITH CARE. TOILET PREPARATIONS

ZONE

Received by:

5. C. 8.
PAGE

FACTURA

SHIP TO / ENVIADO A

K-MART ST. THOMAS
LOCK HARDT
SHOPPING CENTER
ST. THOMAS 00802

DELIVERY BY ENTREGADO POR	CLIENT	DATE FECHA
------------------------------	--------	---------------

9/13/00	T. J. O'Leary CARROLL BILSON
---------	------------------------------------

CUSTOMER NO. CLIENTE N.º	INVOICED BY FACTURADO POR	YOUR P.O. N.º SU O.C. N.º	BL. N.º FEC. N.º	INVOICE DATE FECH. EMISSION	INVOICE NO. FACTURA N.º	INVOICE DATE FECH. FACTURA	DUE DATE FECH. DE VENCIMIENTO	BL. N.º FEC. N.º	REFERENCE NO. N.º REFERENCIA
88005033	MORCA	977933720	90	4/06/00	500	4/06/00	5/06/00	*	CALGON

10X+2X 30 DAYS-NET 31	REGULAR	500	73001
CONVOYERS	SPECIAL INFORMATION INFORMATION SPECIAL	ONE DAY IN ONE DAY IN ONE DAY IN	BATCH NO.

QUANTITY CATALOG	ITEM	ARTICULO	UPC NUMBER	DESCRIPTION DESCRIPCION	UNIT PRICE PRECIO UNIDAD	PRICE PER UNIT PRECIO UNITARIO	AMOUNT CANTIDAD
6	0	904-0028	0316552925326	EAU DE TOILETTE TRIBE FOR WOMEN COLGON	9.500	4.650	32.90
6	0	305-0018	0316552922998	COLGON IN THE RAIN BODY LOTION 8	5.950	4.165	24.99
6	0	315-0018	0316552924227	COLGON LUSH LILAC BODY LOT. 8	8.250	4.165	24.99
6	0	865-0018	0316552922891	COLGON IN THE RAIN BODY MIST 8	7.950	5.565	33.39
6	0	866-0018	0165527394196	COLGON MORNING GLOW BODY MIST 8	2.950	5.565	33.39
6	0	867-0018	0316552922410	COLGON LUSH LILAC BODY MIST 8	7.950	5.565	33.39
6	0	876-0018	0316552922465	COLGON HAWAIIAN GINGER B. MIST 8	7.950	5.565	33.39
6	0	942-0018	031655301914	COLGON SAMPLER 3: SHR & BTH 3.2	9.500	4.650	39.90
6	0	942-0028	031655301921	COLGON SAMPLER 3: SHU & BTH 3.2	9.500	4.650	39.90
6	0	943-0012	0316553412224	CLG 8 SET 4/ASST BODY LOT. 2	10.750	7.825	45.15
6	0	943-0029	031655341231	CLG 8 SET 4/ASST BODY LOT 2	10.750	7.825	45.15
6	0	303-0018	0316552872799	COLGON TUBATH PRODUCTS	5.950	4.165	24.99
6	0	306-0018	0316552872812	COLGON MORNING GLOW BODY LOT. 8 OZ	5.950	4.165	24.99
6	0	307-0018	0316552872934	CLGON PEACH BODY LOTION 8 OZ	5.950	4.165	24.99
6	0	314-0018	0316552891778	COLGON BERRY BLISS BODY LOT. 8	5.950	4.165	24.99
6	0	363-0018	0316552891882	COLGON BERRY BLISS SHOU GEL 8	5.950	4.165	24.99
6	0	367-0018	0316552892239	COLGON WATER LILIES SHOU GEL 8	5.950	4.165	24.99
6	0	861-0018	0316552866624	COLGON BERRY BLISS BODY MIST 8	7.950	5.565	33.39
6	0	889-0018	0316552923996	COLGON PEACH BODY MIST 8	7.950	5.565	33.39

WE HEREBY CERTIFY THAT THE MERCHANDISE LISTED ON THIS INVOICE IS TRUE AND CORRECT AND IT IS OF U.S. ORIGIN AND MANUFACTURE.

IF PAYMENT IS MADE WITHIN 1041 TERMS	DELIVERY CHARGE CANADIAN POST ENVOI
72.01	
ALL CLAIMS HAVE TO BE MADE WITHIN 10 DAYS, AFTER THE MERCHANDISE HAS BEEN DELIVERED. FOR ANY CLAIMS & RETURN PLEASE, MENTION OUR INVOICE NUMBER. NOTA: NO SE ADMITEN RECLAMACIONES DESPUES DE 10 DIAS DE ENTREGADA LA MERCANCIA, AL HACER UNA DEVOLUCION O UNA RECLAMACION, SIRVASE MENCIONAR EL NUMERO DE LA FACTURA.	

610.26

JOSE ROBBY ABELENCO, INC.

P.O. BOX 363729, SAN JUAN, PR 00936-3729

IMPORTER - EXPORTER

COSMETIQUES, PERFUMERY AGENT AND DISTRIBUTOR

TEL (787) 257-4700 • FAX (787) 257-4755

TOLL FREE 1 (800) 347-0447

INVOICE

PAGE 1

SOLD TO/VENDIDA A

K-HART
LOCK HART SHOPPING
CENTER
ST. THOMAS 00802

SHIP TO/ENVIADO A

K-HART
LOCK HART
SHOPPING CENTER
ST. THOMAS 00802

DELIVERY BY
ENTREGADO POR

RECEIVED BY
RECIBIDO POR
DATE
FECHA

5/13/00

CUSTOMER NO. CLIENTE NÚM.	INVOICED BY FACTURADO POR	YOUR P.O. NÚM. SU O.C. NÚMERO	BLANK VENO	ENTRY DATE FECHA ENTRADA	INVOICE NO. FACTURA NÚM.	INVOICE DATE FECHA FACTURA	DATE DATE FECHA DE VENCIMIENTO	NO. TIME NÚM. REFERENCIA	REFERENCE NO. NÚM. REFERENCIA
88005033	MORRA	977933704	90	4/06/00	400	4/06/00	5/06/00	*	COTY 2

TERMS CONDICIONES	QUANTITY CANTIDAD	ITEM ARTICULO	UIC NUMBER	DESCRIPTION DESCRIPCION	UNIT PRICE PRECIO UNIDAD	QUANTITY CANTIDAD	UNIT PRICE PRECIO UNIDAD	TOTAL TOTAL	BATCH NO. LOTE NÚM.
10X+2X 30 DAYS-NET 31				REGULAR				600	73001

QUANTITY CANTIDAD	ITEM ARTICULO	UIC NUMBER	DESCRIPTION DESCRIPCION	UNIT PRICE PRECIO UNIDAD	QUANTITY CANTIDAD	UNIT PRICE PRECIO UNIDAD	TOTAL TOTAL	BATCH NO. LOTE NÚM.
6	112-1000	03165516412	U.H. COLOGNE SPRAY .35 OZ	7.250	5.075	30.45		
6	931-9018	03165525405	OMNI GIFT SETS	14.500	10.150	60.90		
6	852-4516	031655323716	CELESTINE COLOGNE SPRAY .25 OZ	5.950	4.165	24.99		
6	698-4338	031655274279	AVATAR COL. SPR. 1.7 OZ	24.000	16.800	100.80		
6	908-6318	031655337180	ASPEN COL. SPR. 1.7 OZ	20.500	14.350	86.10		
6	147-4319	031655337180	ASPEN COL. SPR. 1.7 OZ	17.950	12.565	75.39		
6	674-4319	031655337180	ASPEN COL. SPR. 1.7 OZ	20.500	14.350	86.10		

WE HEREBY CERTIFY THAT THE MERCHANDISE LISTED ON THIS INVOICE IS TRUE AND CORRECT AND IT IS OF U.S. ORIGIN AND MANUFACTURE.

IF PAYMENT IS MADE WITHIN OUR TERMS, NO MONEY CHANGE CAN BE FORWARDED.

54.83

ALL CLAIMS HAVE TO BE MADE WITHIN 10 DAYS AFTER THE MERCHANDISE HAS BEEN DELIVERED. FOR ANY CLAIMS & RETURN PLEASE, MENTION OUR INVOICE NUMBER.
NOTA: NO SE ADMITEN RECLAMACIONES DESPUES DE 10 DIAS DE ENTREGA LA MERCANCIA. AL HACER UNA DEVOLUCION O UNA RECLAMACION, SIRVASE MENCIONAR EL NUMERO DE LA FACTURA.

PAY THE AMOUNT
PAGUE ESTE CANTIDAD

464.73

CONDUCE

JOSE ROSSY AGENCIO, INC.

P.O. BOX 363729, SAN JUAN, PR 00936-3729

IMPORTER - EXPORTER

COSMETIQUES, PERFUMERY AGENT AND DISTRIBUTOR

TEL (787) 257-4700 • FAX (787) 257-4755

TOLL FREE 1 (800) 347-0447

INVOICE

PAGE 1

FACTURA

SOLD TO / VENDIDO A

K-HART
LOCK HART SHOPPING
CENTER
ST. THOMAS 00802

SHIP TO / ENVIADO A

K-HART
LOCK HART
SHOPPING CENTER
ST. THOMAS 00802

DELIVERY BY
ENTREGADOR

RECEIVED BY
RECIBIDA POR

DATE
FECHA

CARTON
BAYONES

CUSTOMER NO. CLIENTE N.º	INVOICED BY FACTURADO POR	YOUR P.O. N.º SU O.C. N.º	INVOICED VEND.	ENTRY DATE FECHA ENTRADA	INVOICE NO. FACTURA N.º	INVOICE DATE FECHA FACTURA	INVOICE DATE FECHA DE VENCIMIENTO	INVOICE N.º	SERIAL NO. N.º DE IDENTIFICACION
88005033	MDRKA	977933696	90	4/06/00	700	4/06/00	5/06/00	*	CITY 1

TERMS CONDICIONES	10X+2K 30 DAYS-NET 31	REGULAR	SPECIAL INFORMATION INFORMACION ESPECIAL	Our O.K. No. N.º O.K. N.º	BATCH NO.
				700	73001

QUANTITY CANTIDAD	ITEM ARTICULO	SPC NUMBER	DESCRIPTION DESCRIPCION	QUANTITY CANTIDAD	PRICE PER UNIT PRECIO UNITARIO	TOTAL TOTAL
6	919-4017	031655275130	EMERALD GIFT SETS EMERALD PERF SPR. 5/COL. SPR 1.7 SIERRA FOR MEN	20.500	14.350	86.10
6	930-0819	031655337395	STEELSON GIFT SETS STEELSON A/S 1/COLON SPRAY .75 EX-CLIA-NATION	15.500	10.850	45.10
1	933-2518	031655301747	EX-CLIA-NATION GIFT SETS EX-CLIA-NATION IS 3/280 LOT. 9 OZ CITY TREATMENT	13.950	9.765	9.77
6	272-0519	031655338248	MISCELLANEOUS VANILLA FIELDS COLONGE SPRAY 2.5 EX-CLIA-NATION	24.500	17.150	102.90
6	901-2918	031655338248	EX-CLIA-NATION GIFT SETS EX-CLIA-NATION IS 3/280 LOT. 9 OZ CITY TREATMENT	13.950	9.765	9.77
6	901-5828	031655338248	EX-CLIA-NATION GIFT SETS EX-CLIA-NATION IS 3/280 LOT. 9 OZ CITY TREATMENT	13.950	9.765	9.77
12	120-0414	031655249704	SHOET EAU DE PARFUM SPRAY .22 GIFT SETS	9.250	6.475	77.70
6	929-4517	031655280498	SHOET EAU DE PARFUM SPRAY .22 GIFT SETS	14.750	11.665	71.14

WE HEREBY CERTIFY THAT THE MERCHANDISE
LISTED ON THIS INVOICE IS TRUE AND
CORRECT AND IT IS OF U.S.
ORIGIN AND MANUFACTURE.

IF PAYMENT IS MADE WITHIN 10 DAYS	DELIVERY CHARGE CARGO POR ENVIO	ALL CLAIMS HAVE TO BE MADE WITHIN 10 DAYS AFTER THE MERCHANDISE HAS BEEN DELIVERED. FOR ANY CLAIMS A RETURN PLEASE, MENTION OUR INVOICE NUMBER. NOTA: NO SE ADMITEN RECLAMACIONES DESPUES DE 10 DIAS DE ENTREGA LA MERCANCIA. AL HACER UNA DEVOLUCION O UNA RECLAMACION, SIRVASE MENCIONAR EL NUMERO DE LA FACTURA.	PAY THE AMOUNT PAGUE ESTE CANTIDAD
62.53			529.94

CONDUCE

INVOICE

JOSÉ ROSSY AGENCIA, INC.
P.O. BOX 363729, SAN JUAN, PR 00838-3729
IMPORTER - EXPORTER

COSMETIQUES, PERFUMERY AGENT AND DISTRIBUTOR
TEL (787) 257-4700 • FAX (787) 257-4755
TOLL FREE 1 (800) 347-0447

FACTURA

PAGE 1

SOLD TO / VENDIDO A

K-MART
LOCK HART SHOPPING
CENTER
ST. THOMAS 00802

SHIP TO / ENVIADO A

K-MART
LOCK HART
SHOPPING CENTER
ST. THOMAS 00802

DELIVERY BY
ENTREGADO POR

RECEIVED BY
RECIBIDO POR
DATE
FECHA
4/13/80

CUSTOMER NO. CLIENTE NÚM.	INVOICED BY FACTURADO POR	YOUR P.O. NO. SU O.C. NÚMERO	DATE FECHA	INVOICE NO. FACTURA NÚM.	INVOICE DATE FECHA FACTURA	DATE FECHA	DATE FECHA	REFERENCE NO. NÚM. REFERENCIA
88005033	IVELISSE	977933712	90	4/06/00	4/06/00	5/06/00	*	COTY2

10X+2X 30 DAYS-NET 31

REGULAR

800 73001

QUANTITY CANTIDAD	ITEM ARTÍCULO	UPC NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT	TAX	TOTAL
4	744-0600	031655282121	LVR CLEANSE & CREAM BBS BEL 7	7.500	30.00	21.00	
4	912-0419	031655397264	H/B LAVANDER 100% NAT/WHY BEL 7	11.950	47.80	35.85	
4	943-9019	031655342580	H/B LAV/JAZMINE 100% NAT/WHY BEL 7	14.500	58.00	43.50	
4	145-0400	031655352101	LAVR 100% NAT/WHY BEL 7	10.250	41.00	30.75	
4	742-0600	031655282114	H/B LAV/BLISS BEL 7	7.500	30.00	22.50	
4	867-0900	031655240546	TANGERE 100% NAT/WHY BEL 7	9.500	38.00	28.50	
4	150-0900	031655281087	H/B LANG REF. NAT/WHY BEL 7	10.250	41.00	30.75	
4	353-0900	031655281124	WEA. SASSER 100% NAT/WHY BEL 7	7.500	30.00	22.50	
4	744-1500	031655282115	LAVR 100% NAT/WHY BEL 7	10.250	41.00	30.75	
4	742-1500	031655281186	WEALING BARDEN 100% NAT/WHY BEL 7	7.500	30.00	22.50	
4	742-5600	031655282152	H/B BOOTHING BOY LOT 7 OZ	7.500	30.00	22.50	
4	867-5600	031655290540	SHOCK 100% NAT/WHY BEL 7	9.500	38.00	28.50	
4	812-5600	031655281241	SHOCK 100% NAT/WHY BEL 7	7.750	31.00	23.25	
4	919-8319	031655339724	H/O BINDER 100% NAT/WHY BEL 7	11.750	47.00	35.25	

WE HEREBY CERTIFY THAT THE MERCHANDISE LISTED ON THIS INVOICE IS TRUE AND CORRECT AND IT IS OF THE ORIGIN AND MANUFACTURE.

IF PAYMENT IS MADE WITHIN OUR TERMS

DELIVERY CHARGE CARGO POR ENVO

ALL CLAIMS HAVE TO BE MADE WITHIN 10 DAYS AFTER THE MERCHANDISE HAS BEEN DELIVERED FOR ANY CLAIMS & RETURN PLEASE MENTION OUR INVOICE NUMBER.

42.06

NOTA: NO SE ADMITEN RECLAMACIONES DESPUES DE 10 DIAS DE ENTREGA LA MERCANCIA. AL HACER UNA DEVOLUCION O UNA RECLAMACION, SIRVASE MENCIONAR EL NUMERO DE LA FACTURA.

CONDUCE

525.98

PAGE 1

FACTURA

SHIP TO / ENVIADO A

K-HART ST. THOMAS
LOCK HARDT
SHOPPING CENTER
ST. THOMAS 00802

[illegible]

10X+2X 30 DAY8-NET 31

10

1

WE HEREBY CERTIFY THAT THE MERCHANTS

NOTED IN THIS INVOICE

CORRECT AND 21 OF 21

IN PLEASE, MENTION OUR INVOICE

QUES DE 10 DIAS DE ENTREGADA LA
O UNA RECLAMACION SIRVASE

CONVINCER

CONDUCE

652.86