

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 240627 (0)

1. Corporation Name

FRENCH FRAGRANCES, INC.



Principal Place of Business

Mailing Address

14100 NW 60TH AVE
MIAMI LAKES FL 33014

14100 NW 60TH AVE
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified
09/28/1960

3a. Date of Last Report
01/17/1995

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

4. FEI Number
59-0914138

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EGOZI, DAVID
14100 NW 60TH AVENUE
MIAMI LAKES FL 33014

81 Name Oscar E. Marina
82 Street Address (P.O. Box Number is Not Acceptable) 14100 N.W. 60th avenue
83
84 City Miami Lakes FL 85 Zip Code 33014

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 *[Signature]*

OSCAR E. MARINA, VICE PRESIDENT 4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPC	<input checked="" type="checkbox"/> DELETE
NAME	EGOZI, DAVID	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES, FL 00000	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	MIRONES, PEDRO	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, EUGENE	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MARROQUIN, JOSE	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	VEGA, ANTONIO	
STREET ADDRESS	14100 NW 60TH AVE.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director + President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rafael Kravel	
1.3 STREET ADDRESS	14100 N.W. 60th avenue	
1.4 CITY-ST-ZIP	Miami Lakes	
2.1 TITLE	Chairman + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	J.W. Nevil Thomas	
2.3 STREET ADDRESS	14100 N.W. 60th avenue	
2.4 CITY-ST-ZIP	Miami Lakes FL 33014	
3.1 TITLE	Director + Assistant Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	E. Scott Beattie	
3.3 STREET ADDRESS	14100 N.W. 60th avenue	
3.4 CITY-ST-ZIP	Miami Lakes FL 33014	
4.1 TITLE	Vice President + Treasurer	<input checked="" type="checkbox"/> Addition
4.2 NAME	William Mueller	
4.3 STREET ADDRESS	14100 N.W. 60th avenue	
4.4 CITY-ST-ZIP	Miami Lakes FL 33014	
5.1 TITLE	Vice President + Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Oscar E. Marina	
5.3 STREET ADDRESS	14100 N.W. 60th avenue	
5.4 CITY-ST-ZIP	Miami Lakes FL 33014	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Fred Berens	
6.3 STREET ADDRESS	14100 N.W. 60th avenue	
6.4 CITY-ST-ZIP	Miami Lakes FL 33014	

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 19.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or omitted in accordance with an address.

SIGNATURE: *[Signature]* OSCAR E. MARINA 4/30/96 (305) 520-9090

CR2E034 (12/95)

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Richard C. W. Mauran
STREET ADDRESS		1.3 STREET ADDRESS	14100 N.W. 60th avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami lakes Fl 33014
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	George Dooley
STREET ADDRESS		2.3 STREET ADDRESS	14100 N.W. 60th avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami lakes Fl 33014
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Oscar E Marina* OSCAR E MARINA 4/30/96 (305) 620-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)