

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 1998 8:00am
 Secretary of State

003047

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # 240627

(0)

1. Corporation Name
FRENCH FRAGRANCES, INC.



Principal Place of Business
 14100 NW 60TH AVE
 MIAMI LAKES FL 33014

Mailing Address
 14100 NW 60TH AVE
 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.
 22 City & State
 23 Zip Country
 24 25

26 Suite, Apt #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

MARINA, OSCAR E.
 14100 NW 60TH AVENUE
 MIAMI LAKES FL 33014

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

3. Date Incorporated or Qualified

09/28/1960

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

10. Name and Address of New Registered Agent

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 (typed or printed name of registered agent and FEI, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KRAVEL, RAFAEL	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	THOMAS, J.W. NEVIL	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BEATTIE, E SCOTT	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MUELLER, WILLIAM	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARINA, OSCAR E.	
STREET ADDRESS	14100 NW 60TH AVE.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNES, FRED	
STREET ADDRESS	14100 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	q/d	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRAVEC, RAFAEL	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input checked="" 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARINA, OSCAR	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BERENS, FRED	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

100002631631
 -09/04/98--01001--043
 ***150.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/98 (305) 878-8174

CR2E034 (5/98)



FRENCH FRAGRANCES, INC.

August 28, 1998

Certified Mail Z 452-277-481
Return Receipt Requested

Florida Department of State
Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: French Fragrances, Inc. - 1998 Annual Report

Ladies and Gentlemen:

Enclosed is our Annual Report for 1998 together with our check for \$150 representing the filing fee. We did not receive the 1998 report for French Fragrances, Inc. We received and filed the 1998 report for National Trading Manufacturing, Inc., our other Florida corporation; however, the report for French Fragrances, Inc. was never received. We respectfully request that you accept this filing at this time.

In addition, we would also request that future annual reports be mailed to our Registered Agent, Oscar E. Marina, at the address on record with the Division of Corporations.

Please do not hesitate to contact me at (305) 818-8000, ext. 8302, if you have any questions or require additional information.

Very truly yours,

Ana M. Chavez
Legal Assistant

Enclosure