

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90222 016 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 240627

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 | | 3. Date Incorporated or Qualified 09/28/1960 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 59-0914138 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | 24 | 28 | 29 | 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | KRAVEC, RAFAEL | |
| STREET ADDRESS | 14100 NW 60TH AVE | |
| CITY-ST-ZIP | MIAMI LAKES, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THOMAS, J.W NEVIL | |
| STREET ADDRESS | 14100 NW 60TH AVE | |
| CITY-ST-ZIP | MIAMI LAKES, FL 00000 | |
| TITLE | P | <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 | BERENS, 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 | | <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 type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oscar E. Marina* **3/4/99** (305) 818-8114
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Oscar E. Marina, Vice President and Secretary

CR2E034 (1/98)