

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:55

DOCUMENT # **428690** (2)

1. Corporation Name
PERFUMERIA SELENE INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1606 NW 20 ST.
MIAMI FL 33142-7404**

Mailing Address
**1606 NW 20 ST.
MIAMI FL 33142-7404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/20/1973

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
23-0811745

Applied For
Not Applicable

Suite Apt # etc
22

Suite Apt # etc
27

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

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 25

Zip Country
29 30

8. This corporation has liability for intangible tax under § 199.012 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**RAMS, VICTOR HUGH
2503 SW 27TH AVE
MIAMI FL 33133**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

Signature (type or printed name of registered agent and the corporation) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, OSCAR
STREET ADDRESS	1051 SW 1ST ST. #203
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	MILAN, CIRA G
STREET ADDRESS	6500 SW 93 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	ST
NAME	MILAN, DANIEL O
STREET ADDRESS	6500 SW 93 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 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(1)(b), Florida Statutes. I further certify that the information included 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 on Block C or Block D if changed, or on an attachment with an address.

SIGNATURE: *Cira G. Milan* Vice Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CIRA G. MILAN

4/28/95 (305) 547-2149