

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
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000000094 (3)			
1. Corporation Name PARFUMS GIVENCHY WHD, INC.			
Principal Place of Business 20801 BISCAYNE BLVD. SUITE 300 NORTH MIAMI BEACH FL 33180		Mailing Address 717 FIFTH AVE. 4TH FLOOR NEW YORK NY 10022 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0375360	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162		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	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ROUGEAU, THIERY	1.1 TITLE	
STREET ADDRESS	C/O 20801 BISCAYNE BLVD, SUITE 300	1.2 NAME	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	VPOF	2.1 TITLE	
NAME	CARLSON, KAREN	2.2 NAME	
STREET ADDRESS	C/O 717 FIFTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LORENO, ALAN	3.2 NAME	
STREET ADDRESS	C/O 74, RUE ANATOLE 92300	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEVALLOIS-PERRET, FRANCE	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	LEVIN, ANNA	4.2 NAME	
STREET ADDRESS	C/O LNMH 2 PARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1993

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$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

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUGEAU, THIERY			1.2 NAME	
STREET ADDRESS	C/O 20801 BISCAYNE BLVD, SUITE 300			1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL			1.4 CITY-ST-ZIP	
TITLE	VPOF	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, KAREN			2.2 NAME	
STREET ADDRESS	C/O 717 FIFTH AVENUE			2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENO, ALAN			3.2 NAME	
STREET ADDRESS	C/O 74, RUE ANATOLE 92300			3.3 STREET ADDRESS	
CITY-ST-ZIP	LEVALLOIS-PERRET, FRANCE			3.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, ANNA			4.2 NAME	
STREET ADDRESS	C/O LNMH 2 PARK AVE			4.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY			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 hereby certify that the information supplied in 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 the 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.

CR2E034 (5/98)