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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G56730

(6)

	RAGRANCES, INC.	Mailing Address				
2573 NW 74 AVENUE MIAMI FL 33122		2573 NW 74 AVENUE MIAMI FL 33122-1417				
				3. Date Incorporated or Qualified 08/25/1983	3a. Date of La 03/21/199	
2. Principal P 21	tace of Business	2a. Ma-ling Address		4. FEI Number 59-2337797		Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional ee Required
City & Stat 23	6	Cily & State	***************************************	6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Z(p)	Country 25	Zip 29	Country 30	8. This corporation has liability fo		
	Name and Address of Current	Registered Agent		10. Name and Address of New F	Registered Agent	
	CININI, ANGELA		81 Name			
	3 NW 74 AVENUE MI FL 33122		82 Street Add	dress (P.O. Box Number is Not Accept	able)	
			83			
			84 City		FL 85	Zip Code
office or i agent. Fa SIGNATURE	to the provisions of Sections 607.0502 registered agent or both, in the State our familiar with and accept the obligations for the state of the section of the state of the section of the section of the section of the sec		authorized by the corpora orida Statutes. TE Registered Agent signature requ	i	pare	nt as registered
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		TORS IN 12
DILE	PTD	DELETE	1.1 TITLE P.	ID	K Cha	
NAME	PICCININI, ANGELA			ICCININI, ANCELA	•	
STREET ADDRESS.	1111 CRANDON BLVD #C305			OO OCEAN LANE DRIVE, #801	0.00	
CHY-S) ZIP	KEY BISCAYNE FL			ey biscayne, fl 33149		
THEF	VSD Payne, Margaret A.	DELETE		SD MARIE MADOADETE A	Cha	inge 🔲 Addition
NAME	230 GOLDEN BCH DR			ayne, margaret a. 30 gulien beach drive 🕝	•	
STREET ADDRESS	N. MIAMI BCH FL.			CLUEN HEACH, FL 33160	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CHY-ST ZIP THEF	The third in Collins	DELETE	2.4 CITY - ST - ZIP G	(1134 HAM) FD 35100	☐ Cha	ange Addition
NAME	<u> </u>		32 NAME	•		
STREET ADDRESS			3 3 STREET ADDRESS			1
CPV-SI-7e			: 34. CITY-ST-ZIP			e.
1015		DELETE	4.1 TITLE		☐ Cha	inge Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C TY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITUE		☐ Cha	ange 🔲 Addition
NAMi			5.2 NAME			
STREET ADDIRESS			5.3 STREET ADDRESS			
CITA- 21 TIL.			54 CITY-ST-ZIP			
THE		☐ DELETE	6 1 TITLE		Cha	ange 🔲 Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I do 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.

6.4 CITY-ST-ZIP

CHTY - 51 - ZVP

FILED

Mar 10 1997 8:00am

Secretary of State