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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000063856

1. Corporation Name
 MOONLIGHT PERFUMES, INC.



Principal Place of Business
 100 S.E. 1ST STREET
 SUITE 36
 MIAMI FL 33131

Mailing Address
 100 S.E. 1ST STREET
 SUITE 36
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26 168 SE 1st street	08/17/1995	65-0605307	Not Applicable
22 Suite, Apt. #, etc.	27 12 floor	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 City & State	28 MIAMI, FL	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	
24 Zip	29 33131	30 MIAMI DDC		
25 Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PFEFFER, JOSE 100 S.E. 1ST STREET SUITE 36 MIAMI FL 33131	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEFFER, JOSE	1.2 NAME	PFEFFER, JOSE
STREET ADDRESS	100 S.E. 1ST ST. SUITE 36	1.3 STREET ADDRESS	168 SE 1st street 12 Floor
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHANA, MEIR S.	2.2 NAME	OHANA, MEIR S.
STREET ADDRESS	100 S.E. 1ST STREET, STE 36	2.3 STREET ADDRESS	168 SE 1st street 12 Floor
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHANA, BRAJA	3.2 NAME	OHANA, BRAJA
STREET ADDRESS	100 S.E. 1ST STREET, STE 36	3.3 STREET ADDRESS	168 SE 1st street 12 floor
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 another like empowered.

SIGNATURE: _____ Date: 4/20/99 Daytime Phone #: 305-374-3902

CR2E034 (11/98)