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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500063856 (5)

MOONLIGHT PERFUMES, INC.					
	,				
Principal Plac	e of Business	Mailing Address		I INDIINDO JIN 19401 AKIDI NAUKI KAKI ABIDI AB	inn duna mun istat anne ann (an
100 S.E. 1ST STREET 100 S.E. 1ST STREET					
SUITE 36 SUITE 36				DO NOT WRITE IN	TUIC COACE
MIAMI FL 331	131	MIAMI FL 33131		3. Date Incorporated or Qualified	ITIIS SPACE
ļ				08/17/1995	
2 Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	idos of Edolinos	26		65-0605307	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			60.75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	ne current year Intangible
24	25		30	Personal Property Tax due June 30.	X Yes ☐ No
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
PFEFFER, JOSE 81 Name					
100 S.E. 1ST STREET 62 Street A				ress (P.O. Box Number is Not Acceptable)	
SUITE 36					
MV	AMI FL 33131		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.					
agent. I a	ım familiar with, and accept the oblig	ations of, Section 607.0505, Floi	ida Statutes.		
SIGNATURE					
	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature require 13.	(ed when reinstating) D ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12
TITLE	D OFFICERS AIN	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	PFEFFER, JOSE		1.2 NAME		
STREET ADDRESS	100 S.E. 1ST ST. SUITE 36		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CHY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OHANA, MEIR S.		2.2 NAME		
STREET ADDRESS	100 S.E. 1ST STREET, STE 3	6	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	•	2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		Change Addition
NAME	OHANA, BRAJA		3.2 NAME		
STREET ADDRESS	100 S.E. 1ST STREET, STE 3	6	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	-	3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		- =
CITY-ST-ZIP	<u></u>		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		'
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	-	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP_			6.4 CITY-ST-ZIP		

14. Thereby 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 supplementary 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 of the

2/10/98 /200 374.286

FILED

Mar 25 1998 8:00am

Secretary of State

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