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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 240627

1. Corporation Name

FRENCH FRAGRANCES, INC.

Mailing Address
14100 NW 60TH AVE
MIAMI LAKES FL 33014

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90222 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date incorporated or Qualified 09/28/1960
2. Principal P	lace of Business	2a. N	Mailing Address			4. FEI Number Applied For
21		26	·			59-0914138 Not Applical
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional Fee Required
City & Stat	9		City & State			6. Election Campaign Financing S5.00 May Be
23		28	•			Trust Fund Contribution Added to Fees
Zip	Country		Zip	Country	,	8. This corporation owes the current year Intangible
24	25	29	[3	30		Personal Property Tax.
	9. Name and Address of Currer	t Registe	red Agent			10. Name and Address of New Registered Agent
1115	00015 E			81	Name	ne
MARINA, OSCAR E.				82	Stree	et Address (P.O. Box Number is Not Acceptable)
	00 NW 60TH AVENUE			"	0000	or Address (1.5. Bax Number 15 Not Acceptable)
MIAN	WI LAKES FL 33014			83		
 				84	City	Fi 85 Zip Code
office or r	egistered agent, or both, in the State	of Florida.	. Such change was aut	thorized by	the con	ed corporation submits this statement for the purpose of changing its registere reporation's board of directors. I hereby accept the appointment as registered
agent. I a SIGNATURE	m familiar with, and accept the obliga	tions of, S	ection 607.0505, Flori	da Statutes	š.	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if a	pplicable. (NOTE: F	Registered Age	nt signature	re required when reinstating) DATE
12.	OFFICERS AN	D DIREC		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD		☐ DELETE	1.1 TMLE		☐ Change ☐ Add
NAME	KRAVEC, RAFAEL			1.2 NAME		
STREET ADDRESS	14100 NW 60TH AVE			1.3 STREE	T ADDRESS	ss
CITY-ST-ZIP	MIAMI LAKES, FL 00000			1.4 CITY-S	T-ZiP	<u> </u>
TITLE	D		DELETE	2.1 TTLE		Change Add
NAME	THOMAS, J.W NEVIL			2.2 NAME		
STREET ADDRESS	- 14100 NW-60TH AVE			2.3 STREE	T ADDRESS	ss -
CITY-ST-ZIP	MIAMI LAKES, FL 00000			2.4 CITY-	ST-ZIP	
TITLE	P		☐ DELETE	3.1 TITLE		Change Addi
NAME	BEATTIE, E SCOTT			3.2 NAME		
STREET ADDRESS	14100 NW 60TH AVE			3.3 STREE	T ADDRESS	ss
CITY-ST-ZIP	MIAMI LAKES FL			34. CITY-5	ST-ZIP	
TITLE	Vī		☐ DELETE	4.1 TITLE		Change Addi
NAME (	MUELLER, WILLIAM			4. 2 NAME		
STREET ADDRESS	14100 NW 60TH AVE			4.3 STREE	T ADDRESS	ss
CITY-ST-ZIP	MIAMI LAKES FL			4.4 City-S		
TITLE	VS		☐ DELETE	5.1 TITLE		☐ Change ☐ Addi
NAME	MARINA, OSCAR E			5.2 NAME		
STREET ADORESS	14100 NW 60TH AVE.			5.3 STREE	TADDRESS	ss
	MIAMI LAKES FL			5.4 CITY-S		
CITY-ST-ZIP TITLE	n Ballotte		DELETE	6.1 TITLE		Change Addi
NAME	BERENS, FRED			6.2 NAME		
	14100 NW 60TH AVE			6.3 STREE	LVUDEss	
STREET ADDRESS	MIAMI LAKES FL			1		~
CITY-ST-ZIP	MIAMI LAVES LF			5.4 CITY-S	1-ZIP	1

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 an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A SECRETARY

14/99 (305) 818-8114

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