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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

98 APR 24 PM 12: 25

SECRETARY OF STATE

Fragrance Plus of Texas, Ltd.					TALLAHASSEE, FLORIDA			
				DO NOT WRITE IN THIS SPACE.				
2. Mailing Address 4300 SW 73 Ave		3. Principal Office Address 4300 SW 73 Ave			4. Date Formed or Registered 08/31/1993			
Suite, Apt. #, etc.		Suite Apt. #, etc		5. FEI Numb	per	ļ	Applied For	
Suite 103		Suite 103 City & State		36-3	36-3488944		Not Applicable	
City & State Miami,,F1 '		Miami, Fl		6.	6. \$8.75 Additional Lee required			
Zip	Country	Zφ	Country	CERTIFICA	CERTIFICATE OF STATUS DESIRED A State of Status Desired for a Certificate of Status			
33155	Dade	33155 Da		7. State or C	7. State or Country of Formation DE			
8a. Capital Contributions as Shown on Record 1500 8b. Amount of Capital Contributions in FLORIDA to date:		FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount enter \$437.50, for gach year due this office. 2.) Supplemental Fee(s): \$88.75 for gach year due this office, beginni 3.) Penalty Fee(s): \$500 penalty fee for gach year report form is delim. Note: If the amount entered in 8b is greater than amount entered in 8a, a supple			nquent.			
1500		appropriate filing t	fee.					
9. Name and Address of Current Re		gistered Agent		10. If cha	10. If changed, new registered agent/office			
- -	Registered Age	Namo						
200 South Bis				ress (P.O. Box Number Is Not	O. Box Number Is Not Acceptable)			
Suite 4750				· · · · · · · · · · · · · · · · · · ·				
Miami, F1 331	31	Suite, Apt. #, etc		#, etc				
		City			Zip Code			
<u> </u>		192 Florida Statutos, the above-named limited partnership organized or registered under the				FL		
for the purpose of c agent I am familiar	hanging its registered office or regi with, and accept the obligations of	istered agent, or both, in the S	tate of Florida. Such cha	nership organized or registere inge was authorized by its ger	d under the laws of the S eral partner(s) I hereby	accept the appoint	mits this statement ment of registered	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT							S ENTITY	
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
11. Names of Gener		Address of Each (Do NOT Use Post O	General Partner	City, State an			egistration Iment Number	
Fragrance Plu	grance Plus of America 4300 SW 73 Ave Suite 103		lve	Miami, Fl. 3	3155	F93000	003944	
						1239 98-01010 1.00 ***	70 008 *650.00	
				TATEMER	EVENT 98 cus			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

red by chapter 620, Florida Statutes

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Fernando S. Valdes, V.P.