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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F18558**

(9)

1. Corporation Name
CLEO PERFUMES, INC.



Principal Place of Business

**6500 NW 72ND AVE
P. O. BOX 521806
MIAMI FL 33166
US**

Mailing Address

**6500 NW 72ND AVE
P. O. BOX 521806
MIAMI FL 33166-3629
US**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified
02/06/1981

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2168202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CAMPOS, OSCAR, SR.
10155 COLLINS AVENUE
MIAMI BEACH FL 33155**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0506 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 and assume with me and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Oscar Campos

03-19-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	P	☐ DELETE
NAME	CAMPOS, OSCAR	
STREET ADDRESS	6500 NW 72ND AVE	
CITY-STATE-ZIP	MIAMI FL	
12.2	S	☐ DELETE
NAME	CAMPOS, CLELIA	
STREET ADDRESS	6500 NW 72ND AVE	
CITY-STATE-ZIP	MIAMI FL	
12.3		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.4		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-STATE-ZIP	
2.1	2.1 TITLE	☐ Change ☐ Addition
2.2	2.2 NAME	
2.3	2.3 STREET ADDRESS	
2.4	2.4 CITY-STATE-ZIP	
3.1	3.1 TITLE	☐ Change ☐ Addition
3.2	3.2 NAME	
3.3	3.3 STREET ADDRESS	
3.4	3.4 CITY-STATE-ZIP	
4.1	4.1 TITLE	☐ Change ☐ Addition
4.2	4.2 NAME	
4.3	4.3 STREET ADDRESS	
4.4	4.4 CITY-STATE-ZIP	
5.1	5.1 TITLE	☐ Change ☐ Addition
5.2	5.2 NAME	
5.3	5.3 STREET ADDRESS	
5.4	5.4 CITY-STATE-ZIP	
6.1	6.1 TITLE	☐ Change ☐ Addition
6.2	6.2 NAME	
6.3	6.3 STREET ADDRESS	
6.4	6.4 CITY-STATE-ZIP	

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 contained 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-97 (301) 593-2600

DATE DAYTIME PHONE

CR2E034 (9/96)