

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F93000000094 (3)**

1. Corporation Name

**PARFUMS GIVENCHY WHD, INC.**

Principal Place of Business

Mailing Address

**20801 BISCAYNE BLVD. SUITE 300  
NORTH MIAMI BEACH FL 33180**

**717 FIFTH AVE.  
ATTN: GARY MANFRE  
NEW YORK NY 10022  
US**



2. Principal Place of Business

2a. Mailing Address

21 **20801 BISCAYNE BLVD**

26 **717 FIFTH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 300**

27 **4TH FLOOR**

City & State

City & State

23 **NORTH MIAMI BEACH FLA**

28 **NY NY**

Zip

Country

Zip

Country

24 **33180**

25

29 **10022**

30 **NYC**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/07/1993**

3a. Date of Last Report

**06/20/1995**

4. FEI Number

**65-0375360**

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

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162**

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 607.0502 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, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **FONTENEAU, GILLES**  
STREET ADDRESS **C/O 20801 BISCAYNE BLVD, SUITE 300**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **ROUCEAU, THIERRY**  
1.3 STREET ADDRESS **C/O 20801 BISCAYNE BLVD.**  
1.4 CITY-ST-ZIP **SUITE 300, NORTH MIAMI BEACH FL 33180**

TITLE **S** ☐ DELETE  
NAME **CARLSON, KAREN**  
STREET ADDRESS **C/O 717 FIFTH AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10022**

2.1 TITLE **VP OFFINANCE** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **COURTIERE, JEAN**  
STREET ADDRESS **C/O 74, RUE ANATOLE 92300**  
CITY-ST-ZIP **LEVALLOIS-PERRET, FRANCE**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **DELTHEIL, CHRISTIAN**  
STREET ADDRESS **C/O 74, RUE ANATOLE 92300**  
CITY-ST-ZIP **LEVALLOIS-PERRET, FRANCE**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **ALAIN LORENDO**  
4.3 STREET ADDRESS **C/O 74, RUE ANATOLE 92300**  
4.4 CITY-ST-ZIP **LEVALLOIS PERRET FRANCE**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
5.2 NAME **BLEVIN, ANNA**  
5.3 STREET ADDRESS **C/O LVMH 2 PARK AVE**  
5.4 CITY-ST-ZIP **NY NY 10016**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

**Gary Manfre**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ASSISTANT  
CONTROLLER**

**1/31/96**

Date

**212 7597566**

Daytime Phone #

0001307 CP

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00