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Feb 12 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 # **F93000000094 (3)**

1. Corporation Name
PARFUMS GIVENCHY WHD, INC.



Principal Place of Business

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

Mailing Address

**717 FIFTH AVE.
4TH FLOOR
NEW YORK NY 10022-8101
US**

3. Date Incorporated or Qualified
01/07/1993

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P ROUGEAU, THIERY**
STREET ADDRESS **C/O 20801 BISCAYNE BLVD, SUITE 300**
CITY - ST - ZIP **NORTH MIAMI BEACH FL**
VPOF

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

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

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

TITLE ☐ DELETE
NAME **S LEVIN, ANNA**
STREET ADDRESS **C/O LNMH 2 PARK AVE**
CITY - ST - ZIP **NY NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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.

SIGNATURE: *Karen Carlson* **KAREN CARLSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97
Date

212-759-7566
Daytime Phone #

CR2E034 (9/96)