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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9300005723 (2)

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May 05	1997	8:00am
Secreta	ary of	State

ncipal Plac	FRAGRANCES, INC.	Mailing Address 3725 S.W. 30TH AVENU FT. LAUDERDALE FL 33 US		· · · · · · · · · · · · · · · · · · ·				
					Date Incorporated or Qualified 12/16/1993		te of Last F 6/1996	Report
Principal F	Place of Business	2a, Mailing Address			4, FEI Number 22-2562955			pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
City & Stat	te	City & State			6. Election Campaign Financing			equired May Be
		28			Trust Fund Contribution		Added	to Fees
	25	Ζιρ 29	Count 30	ry	This corporation has liability for Florida Statutes	Intengible Yes	tax under s] No	s. 199.032,
	9. Name and Address of Currer				10. Name and Address of New Re			
	ACH, ILIA		8	1 Name				
	5 S.W. 30TH AVENUE		8	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)		***************************************
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ollice or i agent 12	am familiar with and accept the oblig	o of Librida: Sugn change wa ations of, Section 607.0505,	s authorized I Florida Statut	by the corpore es.	ation's board of directors. I hereby acce	pt the appo	CHINTHE IN CIC	ie Alistoi en
	Signature, Typed or priviled name of real stated age	ent and title if applicable. (f	VOTE: Registered A		uired when reinstating)	न ऋ।	17	
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4. 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 the armital report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or clinecter of the corporation or the receiver or flustee 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 for on an extachment with an address.

SIGNATURE:

STURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

LEKACH

4 25 97 (954)

(154) 316-900 Daylime Phone # 0005438