FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J56585

1. Corporation Name

FRAGRA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

4701 NW 79TH AVENUE

4701 NW 79TH AVENUE

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90090 043 ***150.00



| MIAMI FL 33166 | | MIAMI FL 33166 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
|-----------------|---|----------------|--|------|---|------|----------------------------|--|---------------|-----------|------------------------------|
| | | | | | | | 3. | Date Incorporated or Qualifed 02/12/1987 | | · | |
| 2. | Principal Place of Business | 28 | . Mailing Address | | | | 4. | . FEI Number | | | Applied For |
| 21 | الم المنتيج بي الله الله الله الله الله الله الله الل | 26 | 9-1 | | | | <u> </u> _ | 59-2785801 | | <u>-:</u> | Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. | . Certifcate of Status Desired | | • | 75 Additional ee Required |
| 23 | City & State | 28 | City & State | | | | 6. | . Election Campaign Financing Trust Fund Contribution | | • | i.00 May Be ided to Fees |
| 24 | Zip Country | 29 | | Coun | try | - | 8. | . This corporation owes the curr Personal Property Tax. | ent year Inta | ngible | |
| | 9. Name and Address of Current | | 10. Name and Address of New Registered Agent | | | | | | | | |
| GRANDE, FRANK A | | | | | | Name | | | | | |
| 14891 SW 71ST | | | | | 32 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MIAMI FL 33193 | | | | 1 | 83 | | | | | | |
| | | | | ļ | 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 | | 13. | ADDITIONS/CHANG | GES TO OFFICERS AN | ID DIRECTO | RS IN 12 | | | | | |
| TITLE | PT 🗆 | DELETE | 1.1 TITLE | | | ☐ Change | ☐ Addition | | | | | |
| NAME | GRANDE, FRANK A | | 1.2 NAME | | | | Ì | | | | | |
| STREET ADDRESS | 14891 SW 71ST | | 1.3 STREET ADDRESS | | | | ĺ | | | | | |
| CITY-ST-ZIP | MIAMI FL 33193 | | 1.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE . | | DELETE | 2.1 TITLE | | | ☐ Change | Addition | | | | | |
| NAME | GRANDE, FRANCINE | | 2.2 NAME | | | | | | | | | |
| STREET ADDRESS | 14891 SW 71ST | | 2.3 STREET ADDRESS | • | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33193 | | 2.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | Change | ☐ Addition | | | | | |
| NAME | | | 3.2 NAME | | | | l | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | · | | 3.4. CITY-ST-ZIP | • | | | | | | | | |
| TITLE | : 🗆 |) DELETE | 4.1 TTLE | | | Change | Addition \ | | | | | |
| NAME | • | | 4.2 NAME | | | | | | | | | |
| STREET ADDRESS | · | | 4.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | - 1 had 1000 2 mm 14 h | | Change | ☐ Addition | | | | | |
| NAME | | | 5.2 NAME | 32.5 | | , - | , | | | | | |
| STREET ADDRESS | | i | 5.3 STREET ADDRESS | | 4 | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE : | 1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | DELETE | 6.1 TITLE | | | Change | Addition | | | | | |
| | 4 18 37 | | 6.2 NAME | | | | | | | | | |
| | AAE / 使引导 | | 6.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | | | | | | |

14. I 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 effect my same appears in a state of the corporation 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 effect my same appears in 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 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

SIGNATURE: