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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

K13436

(6)

PERFUMANIA, INC.

FILED Apr 25 1996 8:00 am Secretary of State

	I JUNEAU SHANK O TOOL	. (- - - - - - - - - - - - - - - - - -		il BIBII 188:

		Mail are Andrews			
Principal Place of	Business	Mailing Address			
11701 NW 101		11701 NW 101ST MIAMI FL 33178	ROAD		
MIAM1 FL 331	78	WINWI IE GOTTO		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/01/1988	05/16/1995
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
FILLOPALLIAC	e or Basinoss	26		65-0026340	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Lee Medinen
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		28	Country	This corporation has liability for	
Zφ	Country	Zip	Country 30		s 🔲 No
	9. Name and Address of Curre	29.		10. Name and Address of New	Registered Agent
	9. Name and Address of Curre	Alt Hegistered Agont	81 Na		
			20 5	et Address (P.O. Box Number is Not Accepta	ble)
FRIEDM/			82 Str	et Mulitess (1 . O. Elox Molitice) le 1401 Molophe	
	W 101ST RD.		83		
MIAMI F	L 33178				85 Zip Code
			84 Cit	corporation submits this statement for the p	FL
2.	tyriature, typad or printaul name of registered ag- OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
īLĒ	V	DELETE	1 1 Tillut		Change L Addition
AME	FALIC, JEROME		1.2 NAME		
TREET ADDRESS	11701 NW 101 RD		1.3 STREET ADDR	SS	
TY-ST-ZIP	MIAMI FL	DELETE	14 CITY - ST - Z-P 2 1 TITLE	 	Change Addition
LTE	PD		2 2 NAME		_
AME	FALIC, SIMON		2.3 STREET ADDR	ss	
TREET ADDRESS	11701 NW 101ST RD.		2 4 City - ST ZiF		
ITY - S1 - ZIP ITLE	MIAMI FL	☐ DELET€			Change Addition
AME	s Friedman, Ron		3.2 NAME		
TREET ADDRESS	11701 NW 101 RD.		3.3 STREET ADD	ESS	
ITY - ST - ZIP	MIAMI FL		3 4 C:TY - ST - ZIF		☐ Change ☐ Addition
ITLE	T	☐ DELETE	4 1 TITLE		Change Addition
IAME	FRIEDMAN, RON		4.2 NAME		
STREET ADDRESS	11701 NW 101ST RD.		4.3 STREET ADD	ESS	
ITY-ST-ZIP	MIAMI FL	DELETE	4.4 C(1Y - ST - Z)		☐ Change ☐ Addition
ITLE		FD DETEN	•		<u> </u>
AME			5.2 NAME 5.3 STREET ADD	rcc	
TREET ADDRESS					
			7 4 ft 1u ft 7i		
		☐ DELETE	5 4 C:1Y - ST - ZI 6 1 IIILE		Change Addition
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	6 : TITLE 62 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			6 : TITLE 62 NAME 63 STREET ADD	ESS	<u>.</u>

certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this arrival and the information indicated on this arrival report of the corporation or the receiver of true certification and that my signature shall have the same legal effect as it made under certification and the certification of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature shall have the certification of the c

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR