05191999-90001-024-$793.75-$158.75

# FILED
# May 19, 1999 8:00 am
# Secretary of State
05-19-1999 90001 024 ***793.75

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K13436

1. Corporation Name
PERFUMANIA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11701 NW 101ST ROAD<br>MIAMI FL 33178 | 11701 NW 101ST ROAD<br>MIAMI FL 33178 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1988

4. FEI Number: 65-0026340 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

9. Name and Address of Current Registered Agent

FRIEDMAN, RON
11701 NW 101ST RD.
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name: Donovan Chin
82 Street Address (P.O. Box Number is Not Acceptable): 11701 NW 101 Rd
83
84 City: Miami FL 85 Zip Code: 33178

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: Donovan Chin — 4/28/99 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | V | ☐ DELETE | 1.1 TITLE | Chief Financial Officer | ☐ Change ☑ Addition |
| NAME | FALIC, JEROME | | 1.2 NAME | Donovan Chin | |
| STREET ADDRESS | 11701 NW 101 RD | | 1.3 STREET ADDRESS | 11701 NW 101 Rd | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | Miami FL 33178 | |
| TITLE | PD | ☑ DELETE | 2.1 TITLE | President | ☐ Change ☑ Addition |
| NAME | FALIC, SIMON | | 2.2 NAME | Ilia Lekach | |
| STREET ADDRESS | 11701 NW 101ST RD. | | 2.3 STREET ADDRESS | 11701 NW 101 Rd | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | Miami FL 33178 | |
| TITLE | S | ☑ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRIEDMAN, RON | | 3.2 NAME | | |
| STREET ADDRESS | 11701 NW 101 RD. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☑ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRIEDMAN, RON | | 4.2 NAME | | |
| STREET ADDRESS | 11701 NW 101ST RD. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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 attachment with an address, with all other like empowered.

**SIGNATURE:** X SIGNATURE REQUIRED CFO — 4/28/99 (Date) — (305) 889-1600 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR