

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra E. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K22282 (3)

1. Corporation Name

FRANK'S PERFUMES CORP.

Principal Place of Business

250-180 DRIVE, #311  
MIAMI BEACH FL 33160

Mailing Address

250-180 DRIVE, #311  
MIAMI BEACH FL 33160



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1988	3a. Date of Last Report 01/24/1995
21. Sute, Apt. #, etc.	26. Sute, Apt. #, etc.			4. FET Number 65-0046843	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLANCO, FRANCISCO D  
250-180 DRIVE, #311  
MIAMI BEACH FL 33160

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 not signing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BLANCO, FRANCISCO D	1.2 NAME	
STREET ADDRESS	250-180 DRIVE #311	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33160	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	BLANCO, MARIA E	2.2 NAME	
STREET ADDRESS	250-180 DRIVE #311	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33160	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I am hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47896

Date

Daytime Phone #

CR2E034 (12/95)