

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90516 041 \*\*\*158.75

DOCUMENT # **L26813** ✓

1. Entity Name

**PARFUM MAGNUM USA, INC.** N/c 5/8/00 (TM)

Principal Place of Business Mailing Address  
**2860 N. W. 72nd Avenue**  
**Miami, Florida 33122** Same

**626260**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite Apt #, etc  
 3. Mailing Address Suite Apt #, etc  
 City & State City & State  
 Zip Country Zip Country  
**USA**

4. FEI Number **65-0151740**  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**The Printice Hall Corp. System Inc.**  
**1201 Hays Street**  
**Suite # 105**  
**Tallahassee, FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE \_\_\_\_\_  
Signature must be printed below the printed name of the applicant. (NOTE: Registered Agent being asked to sign when not taking office)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so   
 (See criteria on back)

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased <b>President</b> <b>Eduardo Blasser</b> <b>1111 Crandon Blvd., Apt. C-1104</b> <b>Key Biscayne FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased <b>Vice President</b> <b>Patricia Blasser</b> <b>Same Address</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased <input type="checkbox"/> Added
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased <input type="checkbox"/> Added
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased <input type="checkbox"/> Added
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased <input type="checkbox"/> Added
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Deceased <input type="checkbox"/> Added

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes, that the corporation is not an issuer indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am and have been a member 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 on Block 11 or Block 12, changed, or on an attachment with an address, or if another like empowered.

SIGNATURE:  **President 2/19/01 305-599-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)