## 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

1006

City & State  Trust Fund Contribution  Country  Country  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Florida Statutes  Yes No  Name and Address of New Registered Agent  81 Name  MANZUR, ALFREDO  8498 SW CORAL WAY  UNIT D  MIAMI FL 33155  82 Street Address (P. O. Box Number is Not Acceptable)  83 Street Address (P. O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE		1990		CONFOR	AHONS						
ALFREDO'S PERFUME'S, CORP.  Procedul Place of Business  Making Actives  BMB SW CORM, WAY UNI D  MAM FL 3915S  MAM			2 (6)								
Name											
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MANZUR, ALFREDO   8498 SW CORAL WAY UNIT O   MIAMI FL   33155   84   Cty   FL   85   Zer Code	24	<b>├</b> ── <b>1</b>		— n	,				an di loci 3	155.052	
MANZUR, ALFREDO   849 SW CORAL WAY   UNIT D   83   Street Address & 0 Extra Roberts   1		9. Name and Address of Curre	nt Registered Agent			10. Name and Address	of New R	legistered	Agent		
Base SW CORAL WAY UNIT 0					81 Name						
NAME					82 Street Add	dress (P.O. Box Number is Not	Acceptab	ole)			
MIAMIF   3155   B4   Oty   FL   B5   Zrp Code		Y CORAL WAY			83						
The Pursuant to the processors of Sections 607.0502 and 607.1508   fixeds States, the above name a conversion submits this statement for the purpose of changing at the registered office formals State of Florids State of Florids States (and in various transfer with a purpose of changing at the registered agent, or both in the State of Florids State of State and Horizon the Processor Agent and the registered agent in or both in the State of Florids State and Horizon the Processor Agent and the registered agent in or registered agent in or both in the State of Florids State and Horizon the Processor Agent agent in or both in the State of Florids State and Horizon the Processor Agent agent in or both in the State of Florids State of Florids State and Horizon the Processor Agent agent in or both in the State of Florids State and Horizon the Processor Agent agent in or both in the State of Florids State and Horizon the Processor Agent agent in or both in the State of Florids State and Horizon the Processor Agent agent in or both in the State of Florids State and Horizon the Processor Agent agent in or both in the State of Florids State and Horizon the Processor Agent agent in or both in the State of Florids State and Horizon the Processor Agent agent in or both in the Agent agent in the Agent agent in or both in the Agent agent in or both in the Agent agent in or both in the Agent agent in agent in the Agent agent in agent agent in agent in the Agent agent in agent agent in or both in the Agent agent in agent agent in agent agent in ag		1 22455									
1.1 Pursuant to the provisions of Sections 607,0502 and 607,1505. Florida Standards, this above named conventions basines statement for the purpose of changing list registered office or registered agent, or both in the State of Friends Standards was authorized by the corporation's board of discloses. Heretay accept the appointment as registered agent. I am STANDARD	MINIMI	L 33133			84 City			Fi	85 Zıç	) Code	
SIGNATURE     Style="text-align: right or collegators of Section 607 (1956), Floride Statutes   Signatures	11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the abo	ve named corp	oration submits this statement f	or the pur			egistered offic	e
12	or registere familiar wit	ed agent, or both, in the State of Fion h, and accept the obligations of, Sec	ida. Such change was autrionz tion 607.0505, Florida Statutes	rea by the i 3.	corporation's bo	pard of directors. I hereby accep	t the app	ointment as	s registered	agent. I am	
12.											
NAME   DE MANZUR, MARTHA GRE   22 NAME   23 STEET ADDRESS   8498 SW CORA WAY   23 STEET ADDRESS   8498 SW CORA WAY   24 CITY-ST-7/P					i Agent signature reco		S TO OFF		DIRECTO	RS IN 12	- 6
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		L y certify that the information supplied	with this filing is voluntarily furr			for the exemption stated in Sec	ction 119.	.07(3)(k). Fk	orida Statut	es. 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 60?, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

ALFREDO MANZUR)