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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED Jan 23 1998 8:00am Secretary of State

ALFREDO'S PERFUME'S	o, conr.								
Principal Place of Business	Maili	ling Address				- F EMBSIMII AMM sitin mintt samle same	a 1191 91911 9191	4 81811 91911 91	All Alfil IRBI
8498 SW CORAL WAY	849	98 SW CORAL WAY							
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MIAMI FL 33155		MIAMI FL 33155				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						12/13/1989	u		
2. Principal Place of Business		Mailing Address				4. FEI Number		TA	pplied For
21	26	Ticking / talahoos				59-2814799		-	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
22	27	·				Certificate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution		Added	to Fees
Zip Countr	y Z	Žip	Cour	ntry		8. This corporation owes or has			
24 25	29		30			Personal Property Tax due Ju	-		No
	es of Current Registe	red Agent		81 Na		10. Name and Address of New	Hegisterea	Agent	
MANZUR, ALFREDO				or Na	ıme				
8498 SW CORAL WAY			Ī	82 Str	eet Addre	ss (P.O. Box Number is Not Accep	table)		
UNIT D			-	00					
MIAMI FL 33155			ľ	83					
			Ī	84 Cit	y		FL	85 Zip	Code
dd. Director to the way island of Con	tions CO7 DEO2 and CO7	7 1509 Florido Ptoli	itee the ab		med porpo	pration enhante this statement for th		• Changing	its registered
The Pursuant to the provisions of Sec									
office or registered agent, or both	h, in the State of Florida	Such change was	authorized	iove-nar I by the	corporatio	on's board of directors. I hereby ac-	cept the app	pointment as	registered
office or registered agent, or bott agent. I am familiar with, and acc	h, in the State of Florida cept the obligations of, S	a. Such change was Section 607.0505, F	authorized Florida Statu	ove-nar I by the ites.	corporatio	oration submits this statement for th on's board of directors. I hereby ac-	cept the app	pointment as	s registered
agent. I am familiar with, and acc	cept the obligations of, a	Section 607.0505, F	lorioa Stati	iies.				pointment as	s registered
agent. I am lamiliar with, and acc SIGNATURE Signature, typed or printed name	e of registered agent and title if a	applicable (NC	TE Angistored	iies.		on's board of directors. I hereby ac- owhen reinslating) ADDITIONS/CHANGES TO OF	DATE		
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SIGNATURE Signature, typed or printed name 12. TITLE DP	e of registered agent and title if a DEFICERS AND DIRECT	applicable (NC	OTE: Registered	Agent sign		o whan reinstating)	DATE	D DIRECTO	RS IN 12
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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 order 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 compact or on an attachment with an address.