

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16723** (9)

1. Corporation Name

PRESTIGE FRAGRANCE & COSMETICS, INC.

Principal Place of Business

**625 MADISON AVE
TAX DEPT. 14TH FL
NEW YORK NY 10022**

Mailing Address

**625 MADISON AVE
TAX DEPT. 14TH FL
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1987

3a. Date of Last Report

04/28/1994

4. FEI Number

22-2813210

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. #105
TALLAHASSEE FL 32301**

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 new filing)

11A1

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

LEVIN, DAVID

625 MADISON AVE

NEW YORK NY 10022

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

DESSON, STANLEY B.

625 MADISON AVENUE

NEW YORK NY 10022

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

FELLOWS, GEORGE

625 MADISON AVENUE

NEW YORK NY 10022

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

FOX, WILLIAM J

625 MADISON AVE

NEW YORK NY 10022

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

NICHOLS, WADE H

625 MADISON AVE

NEW YORK NY 10022

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AT

ELLIOTT, LAWRENCE

625 MADISON AVE

NEW YORK NY 10022

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

LEVIN, DAVID

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**2147 ROUTE 27
EDISON, NJ 08818**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(2)(b), 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 relevant), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE ELLIOTT

2/22/95

908-287-1400