

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/09/1987

3a. Date of Last Report

02/27/1995

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME LEVIN, DAVID  
STREET ADDRESS 625 MADISON AVE  
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE  
NAME DESSEN, STANLEY B.  
STREET ADDRESS 625 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☐ DELETE  
NAME FELLOWS, GEORGE  
STREET ADDRESS 625 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE DV ☐ DELETE  
NAME FOX, WILLIAM J  
STREET ADDRESS 625 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE DV ☐ DELETE  
NAME NICHOLS, WADE H  
STREET ADDRESS 625 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE AT ☐ DELETE  
NAME ELLIOTT, LAWRENCE  
STREET ADDRESS 2147 RT 27 N/A  
CITY-ST-ZIP EDISON NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME DIENER, I. HOWARD  
1.3 STREET ADDRESS 2182 ROUTE 35  
1.4 CITY-ST-ZIP HOLMDEL NJ 07733

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME LEVIN, JERRY  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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

LAWRENCE ELLIOTT 11/7/96 908-281-1400

CR2E034 (12/95)