FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000057597 (5)

FLORIDA FRAGRANCES ETC., INC. Principal Place of Business Mailing Address *RIESENBERG **WRIESENRERG** 644 E HALLANDALE BCH BLVD 844 E HALLANDALE BCH BLVD HALLANDALE FL 33009-4422 HALLANDALE FL 33009 3. Date Incorporated or Qualified 3a. Date of Last Report 08/17/1993 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0430646 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAVITT, JOEL A 20801 BISCAYNE BLVD, STE 506 Street Address (P.O. Box Number is Not Acceptable) N MIAMI BEACH FL 33180 83 84 Zip Code 85 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 mid ton if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1:10 11 TITLE BEILENSON, PHILLIP NAME 1.2 NAME 303 POINCIANA ISLAND DR. STREET ADDRESS 1.3 STREET ADDRESS SUNNY ISLES FL 1.4 CITY-ST-ZIP CITY - \$1 - 719

DELETE 2.1 THILE Change ___ Addition THILE BEILENSON, BITTEN NAME 22 NAME 303 POINCIANA ISLAND DR. 2.3 STREET ADDRESS STREET ACORESS SUNNY ISLES FL 2. 4 CITY-ST-ZIP G11Y - \$1, 209 400 DELETE 3.1 TITLE Addition N. W 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 011Y - S1 - Z# 3 4. CITY-ST-ZIP DELETE Addition Change Till 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-7IP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS OTY - \$1 - 761 5.4 CITY-ST-ZIP DELETE Change Addition भाह 6.1 TITLE NAME 6.2 NAME SHEET ASSIGNESS 6.3 STREET ADDRESS

CHY-51-20 64 CHTY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this semi-al 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 director of the director of the director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

FILED

Apr 15 1997 8:00am

Secretary of State

(96/6)