

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000066722 (8)**

1. Corporation Name

**FRAGRANCE UNLIMITED NETWORK, INC.**



Principal Place of Business

**8762 SW 133RD STREET  
MIAMI FL 33176**

Mailing Address

**8762 SW 133RD STREET  
MIAMI FL 33176-5929**

3. Date Incorporated or Qualified

**09/24/1993**

3a. Date of Last Report

**04/29/1996**

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

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30

9. Name and Address of Current Registered Agent

**COBER CORPORATE AGENTS, INC.  
2801 S. BAYSHORE DR.  
19TH FLOOR  
COCONUT GROVE FL 33133**

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, type, or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

**DC**

☐ DELETE

NAME

**DORSMAN, MICHAEL**

STREET ADDRESS

**8762 SW 133RD STREET**

CITY - ST - ZIP

**MIAMI FL 33176**

TITLE

**DPT**

☐ DELETE

NAME

**ZADOK, DROR**

STREET ADDRESS

**8762 SW 133RD STREET**

CITY - ST - ZIP

**MIAMI FL 33176**

TITLE

**DS**

☐ DELETE

NAME

**ZADOK, MIRIAM**

STREET ADDRESS

**8762 SW 133RD STREET**

CITY - ST - ZIP

**MIAMI FL 33176**

TITLE

**DV**

☐ DELETE

NAME

**DORSMAN, SHARI ARISON**

STREET ADDRESS

**8762 SW 133RD STREET**

CITY - ST - ZIP

**MIAMI FL 33176**

TITLE

☐ DELETE

NAME

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

0230634

CR2E034 (9/96)