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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000070640 (6)

1. Corporation Name

DESIGNER FRAGRANCES & COSMETICS BY VICTORIA, INC



Principal Place of Business

133 N POMPANO BEACH BLVD
APT 1403
POMPANO BEACH FL 33062

Mailing Address

133 N POMPANO BEACH BLVD
APT 1403
POMPANO BEACH FL 33062-5736

3. Date Incorporated or Qualified
10/12/1993

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 12415 ROCKLEDGE CIRCLE
Suite, Apt. #, etc.

26 12415 ROCKLEDGE CIRCLE
Suite, Apt. #, etc.

4. FEI Number

65-0446281

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

22 City & State

27 City & State

23 BOCA RATON FL

28 BOCA RATON FL

24 Zip

Country

29 Zip

Country

33428

25 BRU

33428

30 BRU

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARBSTEIN, DAVID R ESQ
2765 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309

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 of person who is not a registered agent and is not applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE
NAME	HABIB, ABRAHAM	
STREET ADDRESS	133 N POMPANO BEACH BLVD APT #1403	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	12415 ROCKLEDGE CIRCLE
1.4 CITY- ST- ZIP	BOCA RATON FL 33428
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:

Abraham Habib

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

Date

Daytime Phone #

0144454

CR2E034 (9/96)