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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006953 (1)

PARFUMS EXPRESSO, INC.

170 N.W. 1015T ROAD			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
MAMI FL 33178 MAMI FL 33179 DO NOT WRITE IN THIS SPACE	Principal Plac	e of Business		Mailing Address				I AND 15 THE LEVIN BIRTH BERNI BENIL BELLE BESTE BRITH BLIND IN 1919 1919 1911 180
2. Principal Place of Business 2a								DO NOT WRITE IN THIS SPACE
22	Ì							3. Date Incorporated or Qualified
Sulfo, Apt. 4, etc. Sulfo, Apt. 4, etc.	9 Principal C	loop of Dusings						
Solid. Apt. 4; etc. Solid. Apt. 4; etc.		race or busines	S	- }				7,45,107
City & State Ci	Suite, Apt.	#. etc.						4 00 75
Begins and a control of the control				—¬ `	<u></u>			
28	City & Stat	e						· · · · · · · · · · · · · · · · · · ·
Zip Country Zip Country	23			28	28			
28 28 28 30 Personal Property Tax due June 30 Re No	Zip	Zip Country		Zip	Zip Cour		/	8. This corporation owes or has paid the current year Intangible
FALIC, SIMON 1170 I N.W. 101ST ROAD MIAMI FL 33178	24					30		Personal Property Tax due June 30. 🔲 Yes 🔲 No
THE DELETE OF LOCATION SAYE UNIT 409 TITLE DELETE OF LOCATION SAYE UNIT 400 TITLE DE			d Address of Currer	il Registered i	Agent			
MIAMI FL 33178 Ba						81	Name	e
Salar Sala			ST ROAD			82	Street	et Address (P.O. Box Number is Not Acceptable)
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 agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and realized with a dispatches of your dis	MIAMI FL 33178					92		
Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the exploitment as registered agent and accept the objection of Social Statutes. 12						83		
11. Pursuant to the provisions of Sections 607 0502 and 507 1508. Florids Statutes, the above-named corporations submits this statement for the purpose of changing its registered office or repisiered agont. I am termitary with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature						84	City	85 Zip Code
SIGNATURE Signature Si	Pursuant to the provisions of Sections 607 0502 and 607 1509 Floride Statutes					or the abov	o named	
SIGNATURE Signaluri hyred or pretend name of registered algoritated to display and special registered begand or presistating) CATE 12.	office or r	egistered agen	t, or both, in the State	of Florida, Suc	ch change was a	uthorized by	y the corp	proration's board of directors. I hereby accept the appointment as registered
12.		in tarrinae witti.	and accept the obliga	anons of, Section	on 607. 0505 , Fio	rida Statute	S.	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature, typed or p	oriolog name of regulared age	of and life if applica	tible (NO1E	Registered Ag	entanoia Ine	ure required when re-instating) DATE
TITLE	12.							
STREET ADDRESS 10155 COLLINS AVE. UNIT 409 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 COLLINS AVE. UNIT 409 1.4 CITY-ST-ZIP 1.5	TITLE	D			DELETE	1.1 TITLE		
CITY-ST-ZIP					1.2 NA			
TITLE				1.3 \$		1.3 STREET	ADDRES\$	
MAME FALIC, JEROME 22 NAME 209 BAL BAY DRIVE 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 24 CITY-ST-ZIP 27 CITY-ST-ZIP	CITY-ST-ZIP		OUR FL 33154	-		1.4 CITY - 9	T-ZIP	
STREET ADDRESS 209 BAL BAY DRIVE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE	-	_		□ DELETE	2.1 TITLE		Change Addition
SAL HARBOUR FL 33154 2 4 CITY-ST-ZIP	NAME					2.2 NAME		
TITLE D	STREET ADDRESS					2.3 STREET	ADDRESS	
NAME FRIEDMAN, RON 3.2 NAME STREET ADDRESS 1717 N. BAYSHORE DR. APT. 2347 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 3.4 CITY-ST-ZIP Change Addition A.2 NAME A.2 NAME A.3 STREET ADDRESS A.4 CITY-ST-ZIP A.4 CITY-ST-ZIP A.4 CITY-ST-ZIP A.5 STREET ADDRESS A.5 STREE			OUR FL 33154				ST-ZIP	
STREET ADDRESS 1717 N. BAYSHORE DR. APT. 2347 3.3 STREET ADDRESS		•	DOM		☐ DELETE	1	- 1	Change Addition
CITY-ST-ZIP MIAMI FL 33132 3.4. CITY-ST-ZIP TITLE				0047			Ì	·
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition				2347			I	
NAME		MIAMI FL 3	3132		DELETE		ST-ZIP	
STREET ADDRESS					☐ DECEIE			Change C Addition
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STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP ITILE DELETE 6 1 TITLE Change Addition NAME 6 2 NAME					vruell]	Li Grange Li Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition							*DDDCCC	
TITLE ☐ DELETE 6.1 TiTLE ☐ Change ☐ Addition NAME 6.2 NAME	T.							
NAME 6.2 NAME					DELFTF		1-ZIP	Change Addition
								La cuange La Addition
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS						ADDRESS	

14. I hereby certify that the information supplied with this filting 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.

6.4 CITY - ST - ZIP

SIGNIATURE, Y MY