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 # **P94000025170 (9)**

1. Corporation Name

BERNARD'S FRAGRANCES & COSMETICS, INC.

Principal Place of Business	Mailing Address
735 DODECANESE BLVD ~~SUITE 28~~ TARPON SPRINGS FL 34689	735 DODECANESE BLVD ~~SUITE 28~~ TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: **03/28/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: Suite 27
Suite, Apt. #, etc. — 27: Suite 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-3246398** ☐ 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

9. Name and Address of Current Registered Agent

TROCANO, JOSEPH M
735 DODECANESE BLVD
SUITE 28
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: Suite 27
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, title, and date required. NOTE: Registered Agent signature required when changed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	TROCANO, DIANE K		1.2 NAME		
STREET ADDRESS	735 DODECANESE BLVD, ~~SUITE 28~~		1.3 STREET ADDRESS	SUITE 27	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	TROCANO, JOSEPH M		2.2 NAME		
STREET ADDRESS	735 DODECANESE BLVD, ~~SUITE 28~~		2.3 STREET ADDRESS	SUITE 27	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KNEZ, CARLOS		3.2 NAME		
STREET ADDRESS	735 DODECANESE BLVD, ~~SUITE 28~~		3.3 STREET ADDRESS	SUITE 27	
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Joseph M. Trocano V.P. JOSEPH M. TROCANO 4-14-96 813-937-3365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #