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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000025170 (9)

BERNARD'S FRAGRANCES & COSMETICS, INC.

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| May 12 1997 8:00am |
| Secretary of State |
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| US | RINGS FL 34689 | US | n springs fl 3 | 4009-3109 | | 3 Date le | corporated or Qualified | 3a. Date of | Lact Ro | nod |
| 00 | | 00 | | | | 03/28 | | 04/18/1 | | port |
| 2. Principal | Place of Business | 2a. Mai | iling Address | | | 4. FEI Nu | | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | plied For |
| 21 | | 26 | | | | 59-3 | 246398 | ' | Not | Applicable |
| Suite, Ap | t. #, etc | Sui | te, Apt. #, etc. | | · · · · · · · · · · · · · · · · · · · | F 0 | | □ \$1 | 8.75 A | dditional |
| 22 | | 27 | | | | 5. Certific | ate of Status Desired | | Fee Red | |
| City & St | ate | City | y & State | | | 6. Election | n Campaign Financing | Ś | 5.00 | May Be |
| 23 | | 28 | | | | Trust F | und Contribution | | Added to | |
| Zıp | Country | Zip | | Cou | untry | 8. This co | rporation has liability for | ntangible tax t | under s. | 199.032, |
| 24 | 25 | 29 | | 30 | | Florida | Statutes [|] Yes 🖼 No | D | |
| | 9. Name and Address of Cur | rent Registere | d Agent | | | 10. Name | and Address of New Re | gistored Agen | 1t | |
| TH | rocano, Joseph M | | | | 81 Name | TROCAN | O. JOSEP | 4 M. | | |
| 73 | 5 DODECANESE BLVD | | | | 82 Street / | | Number is Not Acceptab | امار | | |
| SU | JITE 27 | | | | 83 | 09 BRO | KEN WILLOW | " LANE | Ξ | |
| TA | ARPON SPRINGS FL 34689 | | | | 83 | | | | | |
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| | | | 4 | | 84 City | ORT R | ICHEY | E 85 | Zip, | ode |
| 11 Duzeven | of to the provinces of Sections 607 | 0602 and 607.1 | 500 Florida Stal | titae tha a | 1 1 | | · - · / | urnose of cha | naina its | PP 8 |
| office o | nt to the provisions of Sections 607.0 r registered agent, or both, in the St | tale of Florida S | Such change wa | s authorize | by the corp | oration's board of | directors. I hereby accep | ot the appointm | nent as | registered |
| agent I | am familiar with, and accept the ot | oligations of, Se | | | itutes. | - 1/10 c | Drange | 1-0 | 0-9 | 17 |
| SIGNATURE | | OCHNO | JOSEPU | | 11 MCAN | 10 VICE | TRESIDENT | 70 | 7 / | |
| | Signature: typeti or printed name of registered | ладел: апа иле и арр | olft:áble# 17 (N | | | required when reinstating | | LIAIE | | |
| 10 | OCCIOENC | AND DIDECTOR | | | AI Agont signature | | | EDS AND DID | ECTAD | 2 181 22 |
| 12. | | AND DIRECTOR | RS/ | 13. | | |) NS/CHANGES TO OFFIC | | | |
| TIFLE | P | AND DIRECTOR | | 13. | ITLE | | | | ECTORS Change | |
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I do hereby dertify that the information supplied with this hing does not quality 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 3 if ghanged, or on an attachment with an address.

SIGNATURE:

THE ANCHYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Pric