

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 13 11:10:14

DOCUMENT # P94000054205 (7)

1. Corporation Name

FAIRYTALE FRAGRANCES, INC.

Principal Place of Business

2100 NW 108TH AVE  
PEMBROKE PINES FL 33023

Mailing Address

2100 NW 108TH AVE  
PEMBROKE PINES FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

4. FEI Number

65-0509077

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

2. Principal Place of Business

21 2611 N. Hiatus Road

2a. Mailing Address

25 2611 N. Hiatus Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 119

27 Suite 119

City & State

City & State

23 Cooper City, FLORIDA

28 Cooper City, FLORIDA

Zip

Country

Zip

Country

24 33026

25 U.S.A.

29 33026

30 U.S.A.

9. Name and Address of Current Registered Agent

GONZALEZ, JANET  
2100 NW 108TH AVE  
PEMBROKE PINES FL 33023

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

*Janet L. Gonzalez*  
Signature (bold or printed name of registered agent and sign if applicable)

JANET L. GONZALEZ DPS

6/6/95

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DPS  
GONZALEZ, JANET  
2100 NW 108TH AVE  
PEMBROKE PINES FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DVT  
GONZALEZ, ALEX  
2100 NW 108TH AVE  
PEMBROKE PINES FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP  
☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP  
☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP  
☐ Change ☐ Addition

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)(k), 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 its 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:

*Alex A. Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX A. GONZALEZ DVT

6/6/95

305-438-3092