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

**CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT  1998	Secretary DIVISION OF C	•	Secretary of State	
DOCUMENT # P94000 1. Corporation Name FAIRYTALE FRAGRANCES, INC.	0054205 (7)			* 16161 BIYI BIRID 11811 BANA BIJI 1181
Principal Place of Business 8960 SW 92ND STREET MIAMI FL 33156 US	Mailing Address 6619 S DIXIE HWY 134 MIAMI FL 33143 US		DO NOT WRITE I	
2. Principal Place of Business	2a. Mailing Address		07/19/1994 4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite: Apt. #, etc.		65-0509077  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23  Zip Country	City & State 28 Zip	Country	Election Campaign Financing     Trust Fund Contribution      This corporation ower or has paid	\$5.00 May Be Added to Fees
25 9. Name and Address of Curren	29	30	This corporation owes or has paid Personal Property Tax due June 3     Name and Address of New Reg	30. Yes XNo
GONZALEZ, JANET 6960 <b>SW</b> 92ND STREET MIAMI FL 33156		<ul><li>81 Name</li><li>82 Street Addr</li><li>83</li><li>84 City</li></ul>	ess (P.O. Box Number is Not Acceptable	FL 85 Zip Code
11. Pursuant to the provisions of Socilons 607.0502 office or registered arbiti, or both, in the State agent. I am familiar with, and according to orbitise Signature, tripling printed name of registered agent.	11 /			rpose of changing its registered the appointment as registered
Signature, type or punted name of registered ages  12. OFFICERS AND		Registered Agent signature requir	ed when reinstaling) ADDITIONS/CHANGES TO OFFICE	HS AND DIRECTORS IN 12
TITLE OPS    MAME GONZALEZ, JANET  STREET ADDRESS 6960 SW 92ND STREET  MIAMI FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE DVT NAME GONZALEZ, ALEX STREET ADDRESS 8960 SW 92ND STREET	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition C
TITLE NAME STREET ADDRESS	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	☐ DELETE	4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE HAME STREET ADDRESS	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

1. Thereby 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 or in attachment with aparallerss.

May 21 1998 8:00am