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PROFIT CORPORATION ANNUAL REPORT

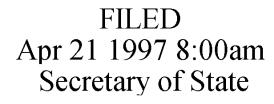


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997	
DOCUMENT 4	DO 40000



DOCUMENT # P9400064230 (3) MODEL IMPERIAL FINE FRAGRANCES SALES, INC. Principal Place of Business Mailing Address 1243 CUNT MOORE RD 1243 CUNT MOORE RD								
1243 CLINT MOORE RD BOCA RATON FL 33487			BOCA RATON FL 33487-2718					
					3. Date Incorporated or Qualified 08/29/1994	l l	te of Last F 23/1996	leport
	lace of Business	2a, Mailing Addre	ess		4. FEI Number		A	oplied For
21 Suite, Apt	#, etc	26 Suite, Apt. #,	etc.		65-0536260			ot Applicable Additional
22		27			Certificate of Status Desired			equired
City & Stal	lė	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζip	Country	Zip		Country	B. This corporation has liability fo			···
24	9. Name and Address of Curre	29	30	<u> </u>	Florida Statutes 10. Name and Address of New F	Yes [
	MES, KEITH A	ent Hedisteled Mant		81 Name	TU, Maine and Address of New P	Jedisteran i	- Cour	·
	S FLAGLER DR			82 Street Add	dress (P.O. Box Number is Not Accept	able)		
	TE 310 EAST			83				
WE	ST PALM BEACH FL 33401							
				B4 City		FL	85 Zip	Code
44 Dura au	to the provisions of Sections 607.05	502 and 607 1508 Florio	do Clatutos 1		rooration submits this statement for the	purpose of	changing i	ts registered
office or	conclured around or both in the Sta	to of Florida, Such chan	ua sidivies, i	ine above-hamed cor	ation's board of directors. I haraby acc	ont the enni		
office or agent. La	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida Such chan- igations of, Section 607.	ige was authi 0505, Florida	ine above-named cor iorized by the corpora a Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	ept the app	omtment as	registered
office or agent. I a SIGNATURE							Ointment as	registered
	Support to Type dicer printed name of regularised a	agent and title if applicable. ND DIRECTORS	(NOTE: Re	nne above-named cor iorized by the corpora a Statutes. igislered Agent signature req. 13.		DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Super to 145 of a planted name of regulated a OF FICERS A D	agent and title if applicable.	(NOTE: Re	ngistered Agent signature required. 13. 1.1 TITLE	uired when reinstaling)	DATE		
SIGNATURE 12. THE	OFFICERS A D ICKOVICS, HAROLD M.	agent and title if applicable. ND DIRECTORS	(NOTE: Re	ngislered Agent signature requ 13. 1.1 TITLE	uired when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS	OFFICERS A D ICKOVICS, HAROLD M. 1243 CLINT MOORE RD	agent and title if applicable. ND DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstaling)	DATE	DIRECTO	RS IN 12
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SIGNATURE

SIGNATURE AND ROCK OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

1567241-8244

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