

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

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**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000016248 (3)**  
1. Corporation Name  
**G.M. AROMATICS, INC.**

Principal Place of Business: **2490 N.W. 32ND STREET MIAMI FL 33142**  
Mailing Address: **2490 N.W. 32ND STREET MIAMI FL 33142-5850**



2. Principal Place of Business: **21 901 Ponce de Leon Blvd.**  
Suite, Apt. #, etc.: **22 606**  
City & State: **23 Coral Gables Florida**  
Zip: **24 33134**

2a. Mailing Address: **26 901 Ponce de Leon Blvd.**  
Suite, Apt. #, etc.: **27 606**  
City & State: **28 Coral Gables, Florida**  
Zip: **29 33134**

3. Date Incorporated or Qualified: **02/27/1995**  
3a. Date of Last Report: **05/01/1996**

4. FEI Number: **65-0565224**  
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  
**VIERA, EDUARDO**  
**2490 N.W. 32ND STREET**  
**MIAMI FL 33142**

10. Name and Address of New Registered Agent  
81 Name: **Eduardo Garcia**  
82 Street Address (P.O. Box Number is Not Acceptable): **901 Ponce de Leon Blvd.**  
83 Suite: **Suite 606**  
84 City: **Coral Gables** 85 State: **FL** 86 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.002 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	VIERA, EDUARDO	
STREET ADDRESS	2490 N.W. 32ND STREET	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARDOSO, MARIA O	
STREET ADDRESS	2490 N.W. 32ND STREET	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, ENRIQUE	
STREET ADDRESS	2490 N.W. 32ND STREET	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (NOTE: SIGNATURE REQUIRED) DATE: **3-28-97** DAYTIME PHONE #: **305-446 7773**

CR2E034 (9/96)