

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

FILED
Feb 27 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 # P95000019614
 Corporation Name
PARIS AMERICAN PERFUMES, INC.

Principal Place of Business Mailing Address
1801 COLLINS AVE LOWER L STE.39
MIAMI BEACH, FL. 33139.

3. Date Incorporated or Qualified 3-10-95		3a. Date of Last Report	
21	2. Principal Place of Business 13155 IXORA CT	26	2a. Mailing Address 13155 IXORA CT
22	State, Apt. #, etc. 911	27	Suite, Apt. #, etc. 911
23	City & State NORTH MIAMI, FL.	28	City & State NORTH MIAMI, FL.
24	Zip 33181	29	Zip 33181
25	Country USA	30	Country USA
4. FEI Number 65-0572620		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name ADRIANA S. BLANCO		
				82	Street Address (P.O. Box Number is Not Acceptable) 13155 IXORA CT # 911		
				83			
				84	City NORTH MIAMI	FL	85 Zip Code 33181

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: *Adriana Susana Blanco* **ADRIANA SUSANA BLANCO** DATE: **2-12-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT /TREASURY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ADRIANA S. BLANCO	1.2 NAME					
STREET ADDRESS	13155 IXORA CT. # 911	1.3 STREET ADDRESS					
CITY-STATE-ZIP	NORTH MIAMI, FL. 33139	1.4 CITY-ST-ZIP					
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NESTOR A. IRALA ROJAS	2.2 NAME					
STREET ADDRESS	5101 COLLINS AVE # 11-a	2.3 STREET ADDRESS					
CITY-STATE-ZIP	MIAMI BEACH, FL. 33139	2.4 CITY-ST-ZIP					
TITLE	ALFREDO BOSCHETTI <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-STATE-ZIP		3.4 CITY-ST-ZIP					
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DANTE O. RUGGIERI	4.2 NAME					
STREET ADDRESS	3530 SW 127 AVE	4.3 STREET ADDRESS					
CITY-STATE-ZIP	MIAMI, FL. 33175	4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-STATE-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-STATE-ZIP		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 included 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 on an attachment with an address.

SIGNATURE: *Adriana Susana Blanco* **ADRIANA SUSANA BLANCO** PRESIDENT DATE: **2-12-97** (305) 899-6207

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)

1/3 2/97

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