## THE NOW: FILING FEE AFTER MAY 1 IŞ \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	
DOC Oroon	UMENT ation Name	#

P95000019614

PARIS AMERICAN PERFUMES, INC.

FILED
Feb 27 1997 8:00am
Secretary of State

Principal Place of Business	Mailing Address		1		
1801 COLLINS AVE LOWE:	R L STE.39		1		
MIAMI BEACH, FL. 3313	9.				
			3. Date Incorporated or Qualified	3a. Date of Las	st Report
			3-10-95		
2. Principa Piace of Business	2a. Mailing Address		4. FEI Number	1	Applied For
13155 IXORA CT	26 13155 IXC	RA CT	65-0572620		Not Applicable
Softe, Apt. #. etc.	Suite, Apt. #, etc		5. Certificate of Status Desired		5 Additional
911	27	911	5. Certificate of Status Desired	Fee	Required
City & State	City & State	<u>-</u>	6. Election Campaign Financing		DO May Be
NORTH MIAMI, FL.	28 NORTH MIA		Trust Fund Contribution		ed to Fees
Zip Country	Zip	Country	8. This corporation has liability for in		er s. 199.032,
24 33181 25 USA	29 33181	USA	10. Name and Address of New Reg	Yes No	<del></del>
9. Name and Address of Curre	ent Hegistered Agent	81 Name	(b. Realite and Address of Rew Hou	Hereted Agent	<del></del>
			ADRIANA S. BLANCO		
			ress (P.O. Box Number is Not Acceptable		
		63	13155 IXORA CT # 9	<u> </u>	
		"			
$\mathcal{L}$		84 City	IODMII WINVI	FL 85 3	ip Code
	00 1000 Ft 34 Dist	<u> </u>	NORTH MIAMI	C L J	3181
<ol> <li>Pursuant datas provisions of Sections 607 05 office or notite ed agent, or both, in the Stati</li> </ol>	iuz and 607, 1508, Florida Statut le of Florida. Such change was i	authorized by the corpora	ation's board of directors. I hereby accept	t the appointment	as registered
agent Illuminiar with, and accept the oblig	gations of, Section 607,0505, Fl	orida Statutes.	poration submits this statement for the pu ation's board of directors. I hereby accept		
SIGNATING X / ILLANDIE	TAME THANGOL	E Registered Agent signature requ		-97	
OFFICERS AN	gent and title if applicable [NOT ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
	ND DINECTONS	10.			
THE DEPOSITE NO. 1	A CTIPY DELETE	1.1 TITLE	ABBITION OF INVICED TO CIT TO	Chan	
JPRESIDENT /TRE		1.1 TITLE 1.2 NAME	Assertation of the desired of the		
HAME ADRIANA S. BLA	NCO	1.2 NAME	135111010011111111111111111111111111111		
NAME ADRIANA S. BLA STREET ATCHESS 13155 IXORA CT	NCO • # 911	1.2 NAME 1.3 STREET ADDRESS	100111010111111111111111111111111111111		
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ADRIANA S. BLA STREET ATORES GEV ST. 25  INORTH MIAMI, F  VICE-PRESIDENT NESTOR A. IRAL STREET ALLERS GIV ST. 25  MIAMI BEACH, F  NAME STREET ALLERS ALFREDO BOSCH	ASOR1 NCO . # 911 L. 33139 OELETE  A ROJAS VE # 11-a L. 33139 OELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS		☐ Chan	ge Addition
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ADRIANA S. BLA  STREET ATORESS GOTY SE OF NORTH MIAMI, F  TILE  NAME STREET ALORESS GOTY SE OF  OUTY SE OF  NESTOR A. IRAL  5101 COLLINS A  MIAMI BEACH, F  ALFREDO BOSCH  STREET ALORESS GOTY SE OF  NAME STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NESTOR A. IRAL STREET ALORESS GOTY SE OF  NORTH MIAMI, F  NORTH MIAMI, F	A ROJAS VE # 11-a L. 33139 DELETE ETTI  DELETE ERI E	1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME		☐ Chan	ge Addition ge Addition ge Addition
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14. I do hereby certify that his 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 am an officer or directly by 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 But § 13 if changed, or on an attachment with an address.

SIGNATURE:

Adriana Susana Blaverisident

2-12-97 (3

(305)899-6207