FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000021785 (7)

1. Corporation Name
PERFUME CENTER, INC.

Principal Place of Business
95 N.W. 1ST STREET
MIAMI FL 33131

Mailing Address
95 N.W. 1ST STREET
MIAMI FL 33131

3. Date Incorporated or Qualified: 03/16/1995
3a. Date of Last Report

2. Principal Place of Business
21 3291 WEST S...
Suite, Apt #, etc
22 BLVD.
City & State
23 FT. LAUDERDALE
Zip
24 33311
Country
25 BROWARD

2a. Mailing Address
26 9001 W. SUNRISE BLVD
Suite, Apt #, etc
27
City & State
28 [illegible] FL
Zip
29 [illegible]
Country
30 BROWARD

4. FEI Number: 65-0560... — Applied For / Not Applicable

5. Certificate of Status Desired [X] — **$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
DOYLE, ALLAN
175 FONTAINBLEAU BLVD.
MIAMI FL

10. Name and Address of New Registered Agent
81 Name: MOMI VANO
82 Street Address (P.O. Box Number is Not Acceptable): 9001 W. SUNRISE BLVD
83
84 City: PLANTATION
FL
85 Zip Code: 33322

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 [signature] MOMI VANO 6/19/96

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	VANO, MOMI	
STREET ADDRESS	9001 W. SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	SD	[ ] DELETE
NAME	VANO, MARIN	
STREET ADDRESS	9001 W. SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: [signature] MOMI VANO 6/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #