

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000021785

 Corporation Name
 PERFUME CENTER, INC.

FILED

00 MAR 13 PM 12:34

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

3. Date reinstated or Qualified

03/16/1995

4. FEI Number

65-0569606

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
 Added to Fees

 8. This Corporation owes the current year Intangible
 Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

 21. 13352 NW 7TH STREET
 PLANTATION FL 33325

2a. Mailing Address

 26. 211 E FLAGLER ST
 MIAMI
 FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24. 33131 25. U.S.

29. 33131

30. U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 VANO, MOMI
 13352 NW 7TH STREET
 PLANTATION FL 33325

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signatures required when registering.)

DATE

03 06 00

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ DELETE

 1.2 NAME VANO, MOMI
 1.3 STREET ADDRESS 13352 NW 7TH STREET
 1.4 CITY-ST-ZIP PLANTATION FL 33325

 2.1 TITLE ☐ DELETE

 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 3.1 TITLE ☐ DELETE

 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 4.1 TITLE ☐ DELETE

 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

 5.1 TITLE ☐ DELETE

 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ DELETE

 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

1.1 TITLE

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

Daytime Phone #