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 # P95000049673 (3)

1. Corporation Name
DREAM PERFUMES, CORP.

Principal Place of Business
2220 N.W. 102ND PLACE
MIAMI FL 33172

Mailing Address
2220 N.W. 102ND PLACE
MIAMI FL 33172

3. Date Incorporated or Qualified: 06/23/1995
3a. Date of Last Report:
4. FEI Number: 65-0600469 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
ORTEGA, OTTO
2220 N.W. 102ND PLACE
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name: CASTRO, INES
82 Street Address (P.O. Box Number is Not Acceptable): 1795 MICANOPY AVE.
83
84 City: MIAMI FL 85 Zip Code: 33133

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: CASTRO, INES [signature] 4/30/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CASTRO, HUGO	
STREET ADDRESS	2200 N.W. 102ND PLACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	☐ DELETE
NAME	ORTEGA, OTTO	
STREET ADDRESS	10324 S.W. 87TH COURT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	☒ DELETE
NAME	MONTERO, SERVANDO	
STREET ADDRESS	2803 N.E. YORK SHIRE LANE	
CITY-ST-ZIP	JENSEN BEACH FL 34959	
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	D/S	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/P	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	M/V/T	☐ Change ☒ Addition
3.2 NAME	CASTRO, INES	
3.3 STREET ADDRESS	1795 MICANOPY AVE.	
3.4 CITY-ST-ZIP	MIAMI, FL 33133	
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		

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)(k), 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] CASTRO, INES 4/30/96 305-592-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)