## 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 # P95000049673

DREAM PERFUMES, CORP.

	_				_	iii	
Principal Place of Business Mailing Address							
2220 N.W. 102ND PLACE 2220 N.W. 102ND PLACE MIAMI FL 33172 MIAMI FL 33172				TO A LAND WELL BY THE OPACE			
WINNII IE SUITE					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					06/23/1995		
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied Fo	oblo S	
21 26		26			65-0600469 Not Applic	<del></del>	
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	tc.		5. Certificate of Status Desired	aı (:	
22		27			45.00		
City & State		City & State	City & State		6. Election Campaign Financing S5.00 May Be Added to Fees		
23		28			Trust I did Condition	<del></del>	
Zip	Country	Zip	_ Country ¬	1	8. This corporation owes the current year Intangible		
24	25	29 3	0		Personal Property Tax.	—	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registers 115		
0.00	TRO IMEO	a state of the sta		· ·			
CASTRO, INES			82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
2501 BRICKELL AVE			02		र्वेश के विकास के स्थाप के स्य	1188	
1204			83			[]:{]	
MIAMI FL 33129			84	City	E∎ * 85 Zip Code "	1.65.70	
		_			poration submits this statement for the purpose of changing its register on a board of directors. Thereby accept the appointment as registere	rod	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	pations of, Section 607.0505, Florid	la Statutes	<b>3</b> .	or ation submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registere of when reinstating)  DATE	_	
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Tit Bigitotoro rodos.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.		□ DELETE	1.1 TITLE	·T	☐ Change ☐ A	12 Addition	
TITLE	DSV		1.2 NAME				
NAME	CASTRO, HUGO			T ADDRESS	· · · · · · · · · · · · · · · · · · ·	.   }	
STREET ADDRESS	2200 N.W. 102ND PLACE				•	18	
CITY-ST-ZIP	MIAMI FL	□ DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP	☐ Change ☐ /	Addition	
TITLE	MDPT	C) DELETE					
NAME	CASTRO, INES		2.2 NAME			Ì	
STREET ADDRESS	2501 BRICKELL AVE 1204			T ADDRESS			
CITY-ST-ZIP	MIAMI FL	, Delete	2.4 CITY-	ST-ZIP	Change	Addition	
TITLE	45.	☐ DELETE	3.1 TITLE				
NAME 3			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Change.	Addition	
TITLE	1	☐ DELETE	4.1 TITLE		A TO SECULIAR AND A S		
NAME			4, 2 NAME				
STREET ADDRESS	3	•	4.3 STRE	ET ADDRESS	المستعلى الهادية المستعدد المس		
CITY-ST-ZIP			4.4 CITY-		Change □	Addition	
TITLE		☐ DELETE	5.1 TITLE	Ĭ	Change L	, 12010011	

14. I 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 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 rustee 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. CITY-ST-ZIP

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90028 048 \*\*\*158.75