

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 # P95000087463 | | | |
| 1. Corporation Name BLUE ROSE PERFUMES, INC. | | | |
| Principal Place of Business 134 N.E. 2ND AVE. MIAMI, FL 33132 | | Mailing Address 134 N.E. 2ND AVE. MIAMI, FL 33132 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Country | |
| 24 | | 29 | |
| 9. Name and Address of Current Registered Agent TSABAR, RIVKA 134 N.E. 2ND AVE. MIAMI, FL 33132 | | 10. Name and Address of New Registered Agent 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 _____ | | DATE _____ | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TSABAR, RIVKA 6881 INDIAN CREEK DR. MIAMI BEACH, FL 33141 [] DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | [] Change [] Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAIM, BOAZ 6881 INDIAN CREEK DR. MIAMI BEACH, FL 33141 [] DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | [] Change [] Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [] DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | [] Change [] Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [] DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | [] Change [] Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [] DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | [] Change [] Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [] DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | [] Change [] Addition |
| 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: x RIVKA TSABAR | | Date 4-24-96 Daytime Phone # 3719977 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E034 (12/95)