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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000093116 (8)

1. Corporation Name

FIFTH AVENUE FRAGRANCES, INC.

Principal Place of Business

4800 N. OCEAN BLVD., 2ND FLOOR
BOYNTON BEACH FL 33435

Mailing Address

4800 N. OCEAN BLVD., 2ND FLOOR
BOYNTON BEACH FL 33435-7365

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

21 3043 NW 60th St.
Suite, Apt. #, etc.

2a. Mailing Address

26 3043 NW 60th St
Suite, Apt. #, etc.

4. FEI Number

65-0623791

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

22 City & State

23 FT LAUDERDALE, FL

24 Zip

33309

25 Country

USA

27 City & State

28 FT LAUDERDALE, FL

29 Zip

33309

30 Country

USA

9. Name and Address of Current Registered Agent

LAVERY, MICHAEL J ESQ
4800 N. OCEAN BLVD., 2ND FLOOR
BOYNTON BEACH FL 33435

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME GOLDMAN, ILENE
STREET ADDRESS 3294 NW 63RD STREET
CITY-ST-ZIP BOCA RATON FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 do 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 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 in an attachment with an address.

SIGNATURE:

ILENE GOLDMAN PRESIDENT

Date

Daytime Phone

1/24/97

954-971-8118

CR2E034 (9/96)