01221999-90073-006-$150.00-$150.00

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

FILED
99 MAR -8 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P96000021128

1. Corporation Name
DESTINATION FRAGRANCES INC.

Principal Place of Business
6056 ALTON ROAD
MIAMI BEACH FL 33140

Mailing Address
6056 ALTON ROAD
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0732471 — 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
STERNBERG, KATHRYN L.
6056 ALTON ROAD
MIAMI BCH FL 33140

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, JOSE	1.2 NAME	
STREET ADDRESS	6056 ALTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ELENA	2.2 NAME	
STREET ADDRESS	6056 ALTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, JOSE JR.	3.2 NAME	
STREET ADDRESS	6056 ALTON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	
TITLE	Kathryn Sternberg ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	6056 Alton	4.2 NAME	
STREET ADDRESS	Miami Beach, Fl. 33140	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	REGIONAL DIRECTOR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KATHRYN STERNBERG	5.2 NAME	
STREET ADDRESS	6056 ALTON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Regional Director

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 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: Kathryn L. Sternberg — 6.01.99 — 305-861-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jose Garcia Sr. — 23.02.99 — 305-861-1850

CR2E034 (11/98)