

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90098 010 ***150.00

DOCUMENT # P96000025925

1. Corporation Name

CONCORDE FRAGRANCE ASSOCIATES, INC.

Principal Place of Business

2655 LE JEUNE ROAD
SUITE 111
CORAL GABLES FL 33146
US

Mailing Address

2655 LE JEUNE ROAD
STE 111
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

65-0655998

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

2. Principal Place of Business

21 **1426 NW 82 AVE**

Suite, Apt. #, etc.

22 **N/A**

City & State

23 **MIAMI, FL**

Zip

24 **33126**

Country

25 **USA**

2a. Mailing Address

26 **1426 NW 82 AVE**

Suite, Apt. #, etc.

27 **N/A**

City & State

28 **MIAMI, FL**

Zip

29 **33126**

Country

30 **USA**

9. Name and Address of Current Registered Agent

ACEVEDO, ARMANDO
8266 NW 14TH ST
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **D ESPINOSA, MIGUEL E**

STREET ADDRESS **8266 NW 14TH ST**

CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME **D LOPEZ, MAGALY**

STREET ADDRESS **8266 NW 14TH ST**

CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME **DST ACEVEDO, ARMANDO**

STREET ADDRESS **4311 ANDERSON ROAD**

CITY-ST-ZIP **CORAL GABLES FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, as on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-594-6633

CR2E034 (11/98)