## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600034531 (9) WORLD'S BEST FRAGRANCES, INC.				) (8.8) (8.9) (18.1) (8.1) (8.1) (8.9) (8.0) (8.1) (8.1) (8.1) (8.1) (8.1) (8.1) (8.1) (8.1) (8.1)
Principal Place of Business		Mailing Address		
14851 NORTHEAST 20TH AVENUE NORTH MIAMI FL 33181		14851 NORTHEAST 20TH AVENUE NORTH MIAMI FL 33181		
				DO NOT WRITE IN THIS SPACE
i				3. Date Incorporated or Qualified 04/19/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0666396 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cartificate of Status Desired S8.75 Additional
22		(27)		, : Fee Hequired
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip	Country	28	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
BEI	LMAN, DEBRA L		81 Na	Name
14851 NORTHEAST 20TH AVENUE NORTH MIAMI FL 33181			82 St	Street Address (P.O. Box Number is Not Acceptable)
			63	
]			84 Ci	City FI 85 Zip Code
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida State	des the shove par	
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 hothly, in the Statu of Florida Statutes, the above-named 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.				
· ·	m tamiliar with, and accept the obliga	tions of, Section 607.0505, I	Horida Statutes.	
SIGNATURE	Signature, typed or printed name of regetored age	it and little if applicable (NC	OTF Registered Agent s/g	ignature required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DV	☐ DELETE	1.1 TITLE	Change
NAME	BEILMAN, DEBRA L		12 NAME	
STREET ADDRESS	14851 NORTHEAST 20TH AVE	NUE	1.3 STREET ADDR	· 1
CITY-ST-ZIP TITLE	NORTH MIAMI FL 33181	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	P Change Addition
NAME	GIARDINA, MICHAEL		2.1 (II) E 2.2 NAME	Change C Addition
STREET ADDRESS	14851 NORTHEAST 20TH AVE	NUE	2.3 STREET ADDR	naires
CITY-ST-ZIP	NORTH MIAMI FL 33181	, TV=	2. 4 CITY-ST-ZIF	1
TITLE	\$T	DELETE	3.1 TrTLE	Change Addition
NAME	GIARDINA, VITO		3.2 NAME	
STREET ADDRESS	14851 NORTHEAST 20TH AVE	NUE	33 STREET ADDA	DAESS
CITY-ST-ZIP	NORTH MIAMI FL 33181	<del></del>	3 4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDR	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		L_I DALE IL	5.1 MILE 5.2 NAME	Li Oliango Li Additoli
STREET ADDRESS			5.3 STREET ADDR	NRESS .
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDR	PRESS

64 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 fusited empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changes, or on an attachment with an address.

SIGNATURE

2/9/98

305-948-6673

**FILED** 

Feb 16 1998 8:00am

Secretary of State