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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000051147 (2)

WALTER MERCADO FRAGRANCES, INC.

Principal Place of Business

Mailing Address

1080 N.W. 163RD DRIVE

1080 N.W. 183RD DRIVE

FILED Jun 11 1997 8:00am Secretary of State



MIAMI FL 3316	8	MIAMI FL 33169-5818							
					3. Date Incorporated or 1 06/14/1996	Qualified	3a. Da	te of Las	l Report
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number			Y	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status D	esired			5 Additional Required
City & State	Э	City & State			Election Campaign Fir Trust Fund Contributio	•			00 May Be ed to Fees
Zip 24	Country 25	7ip 29	Count	try	This corporation has li Florida Statutes		tangible Yes		r s. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of				
150	LAR, DAVID M KANE CONCOURSE HARBOR ISLANDS FL 33154		L	Name Street Add	dress (P.O. Box Number is Not	Acceptabl	le)		
	ਰੀ			3					
			8	4 City			FI	85 Zi	p Code
SIGNATURE	to the provisions of Sections 607.0502 egistered agont, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agont				rporation submits this statemer attorn's board of directors. I her ared when renslating)	it for the pu		changing piritment	g its registered as registered
12,	OFFICERS AND		13.	gen, signature requ	ADDITIONS/CHANGES	TO OFFICE	DATE TOO AND	DIOCOTA	200 10 10
TITLE	D	DELETE	1.1 TITLE	: 1	ADDITIONS/CHANGES	TO OFFICE		Chang	
NAME STREET ADDRESS	BAKULA, GUILLERMO 1080 N.W.163RD DRIVE MIAMI FL 33169		1.2 NAMI 1.3 STRE	E ET ADDRESS			,		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY- 2.1 TITLE				·····	Change	Addition
NAME	KRONFELD, MARK		2 2 NAM						e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	2005 N.W. 75TH AVENUE MIAMI FL 33122		2.3 STRE	ET ADDRESS					
TITLE		DELETE	2 4 CITY 3.1 TITLE					Changi	e Addition
NAME		_	3.2 NAM				'	Ondrigi	, La vidanion
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			3.4, CITY						İ
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STREE	et address					İ
CITY-ST-ZIP			4.4 CITY-	-S1 - 21P					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STAFE	ET ADDRESS					
CITY-SY-ZIP			5.4 CITY -					···	
TITLE		☐ DELETE	6111116	1			[Change	Addition
NAME			6.2 NAME	1					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	contil short the information	St. O. L. CC.	64 CITY-	ST-ZIP					
14. I GO Dereb	y certify that the information supplied	with this filing does not qual	illy for the ex	emption state	a in Section 119.07(3)(i), Floria	a Statutes.	Hurther a	erlify tha	at 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.