


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

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90008 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096800 ✓

1. Corporation Name

PERFUME VIA BRAZIL, INC.

Principal Place of Business

Mailing Address

145 E. FLAGLER ST  
C-5  
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

NOV. 22, 1996

4. FEI Number

65-0722415

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

2a. Mailing Address

21 130 E. FLAGLER ST

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

28

City & State

Zip

24 33131

Country  
25 U.S.A

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLAN DOYLE  
175 FONTAINEBLEAU BLVD.  
SUITE 1-B  
MIAMI, FL 33172

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLON AVNRI	1.2 NAME	
STREET ADDRESS	984 S.E. 3 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAIALEAH, FL 33010	1.4 CITY-ST-ZIP	
TITLE	S/P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE MACHABANSKI	2.2 NAME	
STREET ADDRESS	1805 SANS SOUSI BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address, with all other those empowered.

SIGNATURE:

MARLON AVNRI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 24, 1999 (305) 979-1920

Date

Daytime Phone #

CR2E034 (11/98)

PERFUMES VIA BRAZIL, INC.  
131 E. FLAGLER ST.  
MIAMI, FL. 33131

591142-90008-48

P96000096800

JUNE 24, 1999

DEPARTMENT OF STATE  
ANNUAL REPORTS FILINGS  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

DEAR SIR OR MADAME:

I RECENTLY REQUESTED AN ANNUAL REPORT FORM FROM YOUR OFFICE.  
ONE OF YOUR COMPANY'S REPRESENTATIVES TOLD ME THAT THE ORIGINAL ANNUAL  
REPORT HAD BEEN SENT TO THE WRONG ADDRESS.

THE FORM THAT I REQUESTED, ALONG WITH A CHECK FOR \$150.00, IS  
ENCLOSED.

SINCERELY,



MARLON AVNRI