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

DOCUMENT # **P97000021637**1. Corporation Name

CONTEM 1G PERFUMS, CORP.

Principal Place of Business Mailing Add		Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7616 SOUTHLAND BLVD.		7616 SOUTHLAND BLVD.		·			
SUITE 105-D		SUITE 105-D ORLANDO FL 32836		DO NOT WRITE IN T	HIS SPACE	•	
ORLANDO FL 32836 US		US		3. Date Incorporated or Qualifed	· ·		
00		••			03/10/1997		
a Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		59-3458245	j	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	Additional	
22		27		5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added t	o Fees	
Zip Country Zip		Zip	Zip Country		8. This corporation owes the current year	Intangible	
24		29 3	10		Personal Property Tax.		No.
	9. Name and Address of Curren	t Registered Agent		**	10. Name and Address of New Register	ed Agent	·.
14/4 T	TVO ADDIANO I			81 Name			
WATZKO, ADRIANO J 7520 REPUBLIC DRIVE, STE. 105				82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
					and the second	- 4 Fright - 2 At	
ORLANDO FL 32819				83		調學。在自由	
				84 City		85 Zip (Code
						<u>- L</u>	
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 agen	t and title if applicable (NOTE: 5	Registered	Agent signatura regu	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TII	Œ		☐ Change	☐ Addition
NAME	watzko, adriano j		1,2 NA	ME	·		
STREET ADDRESS	TO A COURT HAND BLVD CHITE 405 D			REET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CT	Y-ST-ZIP			
TITLE	P	☐ DELETE	2.1 TIT			☐ Change	☐ Addition
NAME	RUBINI, ROGERIO M		2.2 NA	ME ·			· ·
STREET ADDRESS	7616 SOUTHLAND BLVD., SUIT	TE 105-D	2.3 ST	REET ADDRESS			İ
CITY-ST-ZIP	ORLANDO FL 32809			TY-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT			☐ Change	☐ Addition
NAME ,			3.2 NA	ME			
STREET ADDRESS	• .1		3.3 ST	REET ADDRESS	· · · · · · · · · · · · · · · · · · ·	AL FLORENCE FO	مهدوري و
CITY-ST-ZIP				TY-ST-ZIP		類惟 西瓜豆	
TITLE		☐ DELETE	4.1 TII		the state of the state of	Change	Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS	•	•	
CITY-ST-ZIP				TY-ST-ZIP			,
TITLE		☐ DELETE	5.1 TIT			☐ Change	Addition
NAME			5.2 NA	ME	•		ļ
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP			5.4 CI	ry-st-zip			
TITLE		☐ DELETE	6.1 TIT	i.E		☐ Change	Addition
NAME			6.2 NA	WE			1

14. I hereby certify that the information supplied with this filling 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 admustration 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 admustration in the receiver of the corporation or the receiver of rustee 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 attachagorit with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

01-12-1999

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90008 010 ***150.00