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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1998 8:00am

Secretary of State

A - 1 92 10 9X

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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P97000074885 (9)

CARMEN'S FRAGRANCES INC.

Principal Place	of Business	Mailing Address			_	n negalene vid søvir denir negvi devir entri entri ledti brek selet sølet		
31 S. POMP		31 S. POMPANO PKWY						
POMPANO FL \$3069		POMPANO FL 33069				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						08/27/1997		
2. Principal Pla	ace of Business	2a, Mailing Address				4. FEI Number Applied Fo	or	
21		26				65 - 67 / 9 L / S Not Applic	able	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additions	al	
22		City & City				гее неquirea		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	)	
Zip Country		Zip Country				8. This corporation owes or has paid the current year Intangible		
4 25		29	30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current		1001			10. Name and Address of New Registered Agent		
AG	BUS, ANTHONY		1	81	Name			
	S. POMPANO PKWY		\ <del>-</del>	B2	2 Street Address (P.O. Box Number is Not Acceptable)			
_	DMPANO FL 33069		Ľ					
			[1	B3				
			-  -	34	City	85 Zip Code		
office or re	pistered agent, or both, in the State of	f Florida. Such change was	authorized	hv 1	named c	corporation submits this statement for the purpose of changing its registed pration's board of directors. I hereby accept the appointment as registers	ed ed	
agent. I am	familiar with, and accept the obligat	ons of, Section 607.05 <b>05</b> , F	lorida Statu	tes.	110 00.00	and the second of the test of	-	
SIGNATURE _								
12.	Ignature typed or printed name of registered agent OFFICERS AND		13.	Agen	I signature re	aquired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	DELETE	1.1 1111	E		Change Add		
NAME	AGIUS, ANTHONY		1.2 NAM	AE.	1			
STREET ADDRESS	31 S. POMPANO PKWY	13		1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO FL 33069		1.4 CITY	Y-ST-ZIP				
TITLE	DV	DELETE	2.1 TITL	.E		☐ Change ☐ Ado	dition	
NAME	AGIUS MOLINA, CARMEN A			2.2 NAME				
STREET ADDRESS	31 S. POMPANO PKWY		2.3 STR	EET A	ADDRESS			
CITY-ST-ZIP	POMPANO FL 33069			2. 4 CITY - ST - ZIP				
TITLE		DELETE	3.1 7176	LE		Change L. Add	dition	
NAME			3.2 NAN	ΑE				
STREET ADDRESS			ľ		DDRESS			
CITY-ST-ZIP		Dourte	3 4. CIT		- ZIP	I Change L At	dition	
TITLE		☐ DELETE	4.1 TIPL		ļ	Change Add	TITION	
NAME			4. 2 NAI		pontee			
STREET ADDRESS					DORESS			
CITY-ST-ZIP TITLE		DELETE	4.4 C(T) 5.1 T(T)		ZIF	Change Ado	dition	
NAME			5.2 NAN					
STREET ADDRESS			ľ		DORESS			
CITY-ST-ZIP			5.4 CITY		1			
TITLE		DELETE	6.1 TITL			Change Ado	dition	
NAME			6.2 NAN	<b>AE</b>				
STREET ADDRESS			63 STR	EET A	DDRESS			
CITY-ST-ZIP			64 C(T)	<u>- \$1</u> -	· 71P			
indicated of officer or d	in this annual report or supplemental :	annual report is true and ac rer or trustee empowered to	curate and	that	t my signa	in Section 119.07(3)(i), Florida Statutes. I further certify that the informal ature shall have the same legal effect as if made under oath; that I am a equired by Chapter 607. Florida Statutes; and that my name appears in	in .	