

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000089994 (2)

1. Corporation Name

ALL PERFUMES CORP.



Principal Place of Business

Mailing Address

9600 NORTHWEST 25 STREET
SUITE 3C
MIAMI FL 33172

9600 NORTHWEST 25 STREET
SUITE 3C
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9600 N.W. 25 STREET		26 600 NE 36 ST		10/20/1997	
22 Suite, Apt. #, etc. 3C		27 2014		4. FEI Number 65-0789301	
23 City & State MIAMI FLORIDA		28 MIAMI FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33172 Country USA		29 33137 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				7. Applied For <input type="checkbox"/> Not Applicable	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name MANUEL VILLACRECES
82 Street Address (P.O. Box Number is Not Acceptable) 600 NE 36 ST #2014
83
84 City MIAMI FL 85 Zip Code 33137

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]* MANUEL VILLACRECES. DATE 02-5-98

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	1.1 TITLE	PD
NAME	VILLACRECES, MANUEL	1.2 NAME	VILLACRECES, MANUEL
STREET ADDRESS	9600 NW 25 ST, STE 3C	1.3 STREET ADDRESS	600 NE 36 ST. #2014
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	MIAMI FL. 33137
TITLE	V	2.1 TITLE	VD
NAME	SCOTT, EUCARIS	2.2 NAME	SCOTT, EUCARIS
STREET ADDRESS	9600 NW 25 ST, STE 3C	2.3 STREET ADDRESS	600 NE 36 ST #2014
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	MIAMI FL 33137
TITLE	STD	3.1 TITLE	SD
NAME	VILLALONGA, MARIA	3.2 NAME	TORRES, JUAN CARLOS
STREET ADDRESS	9600 NW 25 ST, STE 3C	3.3 STREET ADDRESS	600 NE 36 ST #2014
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	MIAMI FL. 33137
TITLE	D	4.1 TITLE	TD
NAME	TORRES, JUAN CARLOS	4.2 NAME	VILLALONGA, MARIA
STREET ADDRESS	9600 NW 25 ST, STE 3C	4.3 STREET ADDRESS	8357 SW 107 AVE A
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	MIAMI FL. 33173
TITLE		5.1 TITLE	D
NAME		5.2 NAME	SCOTT, SONIA
STREET ADDRESS		5.3 STREET ADDRESS	600 NE 36 ST #2014
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL. 33137
TITLE		6.1 TITLE	
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.

SIGNATURE:

2-5-98

CR2E034 (10/97)