## FALE NOW: FILING FEE AFTEP MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE May 04, 1999 8:00 am Secretary of State CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 05-04-1999 90067 027 \*\*\*150.00 DOCUMENT # P9800000 4863 PERFUMES, INC. YES! Principal Place of Business Mailing Address C/O BRAIN CAMPBELL C/O BRAIN CAMPBELL 508 NE 190TH STREET 508 NE 190TH STREET MIAMI FL 33179 MIAMI FL 33179 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 1/15/88 2. Principal Place of Business 2a. Mailing Address 4 FFI Number Applied For 26 65-081 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Addillonal 5. Certifcate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing. \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes the current year Intangible 25 29 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name LICHTMAN, JONATHAN J P.A. THE SANCTUARY CENTER, SUITE D-100 Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HWY 83 **BOCA RATON FL 33431** City 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE DELETE 1.1 TM F [ Change ↑ Addition CAMPBELL, BRIAN S NAME 1.2 NAME 508 NE 190TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33179 CITY ST ZIP 1.4 CITY-ST-ZIP □ DELETE 2.1 TIRE Change ☐ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CffY-St-ZIP DELETE 3.1 TITLE Change ☐ Addition HAVE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition Change 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP nne DELETE Change Addition 6.2 NAME STREET ALKINESS 6.3 STREET ADDRESS 6.4 CITY-ST-7IP 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 oalt; 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 13 if changed or on an attachment with an address, with attachment.

SIGNING OFFICER OR DIRECTOR

4/19/99 305-654-8015

SIGNATURE: