

**CORPORATION
ANNUAL REPORT
1999**


Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000085925

1. Corporation Name

PERFUME NET, INC.

59 JUL 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9612 S.W. 117 AVENUE
MIAMI FL 33186

Mailing Address

9612 S.W. 117 AVENUE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

65-0866165

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property:☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FAHIMULLAH, MOHAMMED
9612 S.W. 117 AVENUE
MIAMI FL 33186

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 registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETENAME
FAHIMULLAH, MOHAMMED
STREET ADDRESS
9612 S.W. 117 AVENUE
CITY-ST-ZIP
MIAMI FL 331861.2 NAME ☐ DELETENAME
AHMED, ASFAQUE
STREET ADDRESS
9612 S.W. 117 AVENUE
CITY-ST-ZIP
MIAMI FL 331861.3 NAME ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.4 NAME ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.5 NAME ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.6 NAME ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-99

Date

Daytime Phone #