Mailing Address

8206 NW 64 STREET MIAMI FL 33166-2740

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # : P99000069203

Country

2601 SOUTH BAYSHORE DRIVE 19 FLOOR

COBER CORPORATE AGENTS, INC.

6. Name and Address of Current Registered Agent

PERFUMES DEPOTICOM, INC.

1. Entity Name

MIAMI FL 33166

Principal Place of Business 8206 NW 64 STREET

2. Principal Place of Business

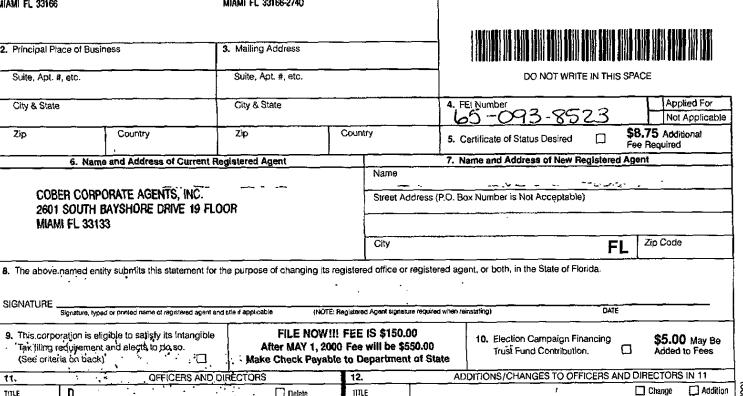
MIAMI FL 33133

Suite, Apt. #, etc.

City & State

Zip

FILED May 18, 2000 8:00 am Secretary of State 04-24-2000 90115 010 ***150.00



SIGNATURE _	Signature, typed or printed name of registered agent and t	itle if applicable (NOTE: R	egistered Agent signature required wh	en reinstating) DAT	E .	
Tax filling requirement and elects to do so. After MAY 1, 2000		FEE IS \$150.00 Fee will be \$550.00 to Department of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added) May Be to Fees	
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	IN 11
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	D MORYOUSSEF, LILLIAN 8206 NW 64 STREET MIAMI FL 33166	□ Delete	IITLE NAME STREET ADDRESS GITY-ST-ZIP	,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change	Addition
TITLE NAME SIREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	معمومة فيليد والمنبد الربعة	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Control O7(0V) Florida Chat Ann Litable	☐ Change	Addition

Country

City

13. 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 report or supplemental 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L.HEU OFFICER OR DIRECTOR