

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S37440 (2)
1. Corporation Name
PARFUMS DINARD, INC.

Principal Place of Business
3701-5 ST. JOHNS INDUSTRIAL PKWY. WEST
JACKSONVILLE FL 32246
US

Mailing Address
2100 CORPORATE SQUARE ROAD
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1991	3a. Date of Last Report 04/11/1996
4. FEI Number 59-3058671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LEVY, ISAAC L.
1513 SAN MARCO BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 300002248519--B
83 -07/28/97- 01005--006
84 City ****200.00 ****200.00 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROTTA, ROBERT A	1.2 NAME	
STREET ADDRESS	322 PABLO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROTTA, THERESA C.	2.2 NAME	
STREET ADDRESS	322 PABLO ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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. I changed or on an attachment with an address.

SIGNATURE _____ Robert A. Marotta July 16, 1997 (904)641-8873

APPROVED AND FILED

1997 JUL 22 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (4/97)



pg 2 of 2

July 16, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Madame or Sir:

We just received today the Annual Corporation Annual Report packet "2nd Notice". This is the first time we received this packet.

Upon receipt I called your office and spoke to a gentleman named Doug. I explained we had never received this packet before and that we had always filed the report promptly in the past as evidenced by the enclosed photocopies of the reports and our checks. I also indicated we have been experiencing delays in our mail plus lost mail during the last 9 months. As an example we just received yesterday correspondence and a check from California that was mailed on June 16th; a vendor in Birmingham, Alabama call last week to inquire about some information he had sent the first week in June but had not heard from us. I told him we had not received his material. The same type of things have also occurred with mail right here in Jacksonville.

At the end of our conversation Doug indicated we should complete the form, issue a check and mail both with this letter outlining my conversation with him.

In reviewing the Report I noticed the Mailing Address shown is incorrect. It should be the same as the Principal Place of Business.

In view of the above we respectfully request you accept our Report and check as submitted.

Sincerely,

Robert A. Marotta
President

RAM:sh

Enclosure: (4)