

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V26919** (3)
1. Corporation Name
OH LA LA PERFUMES, INC.



Principal Place of Business 7795 W. FLAGLER STREET STE. 32 MIAMI FL 33144 <i>6043 NW 167st #4-14 miami FL 33015</i>	Mailing Address 7795 W. FLAGLER STREET STE. 32 MIAMI FL 33144-2367
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3. Date Incorporated or Qualified 04/07/1992	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 <i>6043 NW 167st</i> Suite, Apt. #, etc. 22 <i>4-14</i> City & State 23 <i>miami FL</i> Zip 24 <i>33015</i>	2a. Mailing Address 26 <i>6043 NW 167st</i> Suite, Apt. #, etc. 27 <i>#4-14</i> City & State 28 <i>miami FL</i> Zip 29 <i>33015</i>
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4. FEI Number 65-0324148	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MINGO, FRANCISCO 7795 W. FLAGLER STREET STE. 32 MIAMI FL 33144	10. Name and Address of New Registered Agent 81 Name <i>Same</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>6043 NW 167st</i> 83 <i>#4-14</i> 84 City <i>miami</i> FL 85 Zip Code <i>33015</i>
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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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	1.1 TITLE	<i>Same</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINGO, FRANCISCO	1.2 NAME	
STREET ADDRESS	7795 W. FLAGLER STREET, STE. 32	1.3 STREET ADDRESS	<i>6043 NW 167st #4-14</i>
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	<i>miami FL 33015</i>
TITLE	ST	2.1 TITLE	<i>Same</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINGO, CARMENCHU	2.2 NAME	
STREET ADDRESS	7795 W. FLAGLER STREET, STE. 32	2.3 STREET ADDRESS	<i>6043 NW 167st #4-14</i>
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	<i>miami FL 33015</i>
TITLE		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		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		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		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 if changed, or on an attachment with an address.

SIGNATURE: _____ **3/28/97** **305-825-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)