


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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V35847 (5) 1. Corporation Name THE PROMOTIONAL PERFUMES, INCORPORATED					
Principal Place of Business 2657 NORTHWEST 20TH STREET MIAMI FL 33142			Mailing Address 2657 NORTHWEST 20TH STREET MIAMI FL 33142		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		05/14/1992	
22 City & State		27 City & State		4. FEI Number 65-0338071	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GRUNGLASSE, ROBERT 8877 COLLINS AVENUE APT. 1103 MIAMI BEACH FL 33154			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	GRUNGLASSE, ROBERT		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	8877 COLLINS AVENUE, #1103				
CITY-ST-ZIP	MIAMI BEACH FL 33154				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	GRUNGLASSE, JORGE				
STREET ADDRESS	10185 COLLINS AVENUE, STE. 141-J				
CITY-ST-ZIP	BAL HARBOUR FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

SIGNATURE: X

*Robert Grunglasse*

2/10/98 (307) 638-0185

CR2E034 (10/97)