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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

141

Feb 09 1998 8:00am Secretary of State

FILED

1. Corporati	IN # 49345	U (1)		
	LEPOINT ORIGINALS, INC.	• ,		
NEED	LEFOINT ORIGINALS, INC.			
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2 1 1 2				
	ace of Business	Mailing Address		
702 E LAS OLAS BLVD 702 E LAS OLAS BLVD FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301				
FI. LAUDER	RDALE FL 33301	FT. LAUDERDALE FL 33	301	DO NOT WRITE IN THIS SPACE
ĺ				3. Date Incorporated or Qualified
2. Principal	Place of Business	2a. Mailing Address		12/31/1975 4. FEI Number
21	, acc of Business	26 Maning Address		Applied 1 of
Suite, Apt	t. #. etc	Suite, Apt. #, etc.		59-1712859 Not Applicable
22		27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta	nte	City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
[24]	9. Name and Address of Currer		301	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
D	ANCEL, JOAN	- Inglowed Algorit	81 Name	TO. Haine and Address of New Registered Agent
	•		The state of the s	
	02 E LAS OLAS BLVD.	and the second of the second	82 Street Addr	ress (P.O. Box Number is Not Acceptable)
F	T. LAUDERDALE FL 33301		00	
			83	
			84 City	■. 85 Zip Code
			- '	
11. Pursuant	t to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Fig	nutnorized by the corporat prida Statutes.	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	-			
GIGHATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	BANCEL, JEAN-ERIC		1.2 NAME	
STREET ADDRESS	702 E LAS OLAS BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	DS	DELETE	2,1 TITLE	Change Addition
NAME	BANCEL, JOAN		2.2 NAME	_ · · ·
STREET ADDRESS	702 E LAS OLAS BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			
TITLE	11 2 100211011221 12 00000	☐ DELETÉ	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	E Grigatige FACU(attin
	į.			į
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4. CITY-ST-ZIP	
TITLE		L DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS	1		4.3 STREET ADDRESS	
CITY-ST-ZIP				
			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
name		☐ DELETE		Change Addition
		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
NAME STREET AODRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	
NAME STREET AODRESS CITY-ST-ZIP TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	

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: