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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F02948 (0)
 1. Corporation Name
THE TIFFANY OF BAL HARBOUR, INC.



Principal Place of Business Mailing Address
1455 W. SHERBROOKE STREET SUITE 200 MONTRAL, QUEBEC H3G 1L2 CA

3. Date Incorporated or Qualified **10/23/1980** 3a. Date of Last Report **12/02/1996**
 4. FEI Number **59-2047992** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 30 Country

9. Name and Address of Current Registered Agent
**GREENSPOON, MARDER H
 SUITE 700, TRADE CENTRE SOUTH
 100 WEST CYPRESS CREEK ROAD, SUITE 700
 FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
 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	PD	<input type="checkbox"/> DELETE
NAME	LUGER, SOL	
STREET ADDRESS	190 ETON CRESCENT	
CITY - ST - ZIP	HAMPSTEAD, QUEBEC H3G 1L2	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRONSTEIN, MORRIE	
STREET ADDRESS	1 WOOD AVENUE #1405	
CITY - ST - ZIP	MONTREAL, QUEBEC	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, SAM	
STREET ADDRESS	3577 ATWATER #1408	
CITY - ST - ZIP	MONTREAL, QUEBEC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DRAZIN, LOUIS	
STREET ADDRESS	5557 BORDEN AVENUE	
CITY - ST - ZIP	MONTERAL, QUEBEC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREENBERG, SAM	
STREET ADDRESS	3577 ATWATER, APT. 1408	
CITY - ST - ZIP	MONTREAL, QUEBEC H3H 2R2	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	(zip) H3X 3K3
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Montreal, Quebec
4.4 CITY - ST - ZIP	H4V 2T7
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in 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 charged, or on an Attachment with an address.

SIGNATURE: **Sol Luger**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21/97
 Date Daytime Phone # 0012553

CR2E034 (9/96)