

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K31979** (3)

1. Corporation Name
LIMOGES ENTERPRISES N.V., INC.



Principal Place of Business Mailing Address
~~MARK J. COOPER 780 NW LeJeune Rd~~
~~ONE BISCAYNE TOWER, #3400, P.O. BISCAYNE CTE 400~~
~~MIAMI FL 33126 MIAMI FL 33126~~
US

2. Principal Place of Business 2a. Mailing Address
21 782 NW LeJeune Road 26 782 NW LeJeune Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 548 27 Suite 548
City & State City & State
23 Miami FL 28 Miami Florida
Zip Country Zip Country
24 33126 25 USA 29 33126 30 USA

3. Date Incorporated or Qualified 08/29/1988 3a. Date of Last Report 07/10/1995
4. FEI Number 65-0078607 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MARQUEZ, JOSE M., ESQUIRE~~
~~780 NORTHWEST 42ND AVE~~
~~SUITE 400~~
~~MIAMI FL 33126~~

81 Name JOSE M. MARQUEZ, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 782 NW LeJeune Road
83 Suite 548
84 City Miami FL 85 Zip Code 33126

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 *Jose Marquez*
Signature, typed or printed name of registered agent and, when applicable, (NOTE: Registered Agent signature required when reinstating)

1/15/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PAZ, ARCESIO	
STREET ADDRESS	%1 BISCAYNE TOWER, #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PAZ, CARLOS ARCESIO	
STREET ADDRESS	%1 BISCAYNE TOWER, #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PAZ, FERNANDO	
STREET ADDRESS	%1 BISCAYNE TOWER, #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PAZ, LUZ MARINA	
STREET ADDRESS	%1 BISCAYNE TOWER, #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 (305) 279-0970
Date Daytime Phone #

CR2E034 (12/95)