

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K58128 (5)**
1. Corporation Name
LA PLAGE, INC.



Principal Place of Business: **233 N. OCEAN BLVD. DEERFIELD BEACH FL 33441**
Mailing Address: **233 N. OCEAN BLVD. DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified: **01/13/1989** 3a. Date of Last Report: **01/18/1995**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. City & State	29. Zip	30. Country	4. FEI Number 65-0092609	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No												

9. Name and Address of Current Registered Agent

**ABOUZEID, LOUIS
2374 N.W. 30TH RD.
#207
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

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

Signature type of professional or registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABOUZEID, LOUIS		2. NAME		
STREET ADDRESS	2374 N.W. 30TH RD.		3. STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33431		4. CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABOUZEID, JACQUELINE		6. NAME		
STREET ADDRESS	2374 N.W. 30TH RD.		7. STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33431		8. CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY - ST - ZIP			12. CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY - ST - ZIP			16. CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY - ST - ZIP			20. 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: *Louis A. Abouzeid* **LOUIS ABOUZEID** 2/16/96 305.421.7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)