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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 04 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13007

(3)

ANNE NOUVELLE INC.

SIGNATURE:

| Principal Place of Business<br>4812 S.W. 72ND AVENUE<br>MIAMI FL 33155  |  | Mailing Address<br>4812 S.W. 72ND AVENUE<br>MIAMI FL 33155-5526  |  |  |  |              |                            |   |
|---|--|--|--|--|--|--------------|----------------------------|---|
|   |  |  |  |  | 3. Date Incorporated or Qualified 03/22/1985   |              | te of Last F<br>20/1996    | Report  |
| 2. Principal Place of Business  |  | 2a. Mailing Address  |  |  | 4. FEI Number 59-2513702   |              |                            | pplied For  |
| Suite, Apl.   | # etc  | Suite, Apt. #, etc.  |  |  | 39-23 13/02  |              |                            | ot Applicable   |
| 2   | #, O.C.  | 27   |  |  | 5. Certificate of Status Desired   |              |                            | Additional<br>equired                                 |
| City & State  | )  | City & State   |  |  | 6. Election Campaign Financing   |              | \$5.00                     | May Be  |
| 3   |  | 28   | <b></b>  |  | Trust Fund Contribution  |              |                            | to Fees   |
| <i>7</i> ip   | Country 25   | Z/p  | Country<br>30  | y  | This corporation has liability for<br>Florida Statutes                               |              | tax under t                | s. <b>199</b> .032,                                   |
| <u> </u>  | 9. Name and Address of Curre   | حصوصور والمتعارض | 1301   |  | 10. Name and Address of New Re   | _            | _                          |   |
| ALO   | NSO, MANUEL A.   |  | 81   | Name   |  | <del> </del> |                            |   |
| 4812 S.W. 72ND AVENUE   |  |  | 82   | Street Add   | Iress (P.O. Box Number is Not Accepta  | ble)         |                            |   |
| MIAI  | MI FL 33155  |  |  |  |  | ·            |                            | · · · · · · · · · · · · · · · · · · ·                 |
|   |  |  | 83   |  |  |              |                            |   |
|   |  |  | 84   | City   | ***************************************  | FL           | <b>65</b> Zip              | Code  |
|   |  |  |  |  | poration submits this statement for the<br>ation's board of directors. I hereby acce |              |                            |   |
|   | Signature, typical or printed name of registered ag  |  | TE: Registered Ag  | ent signature requ   |  | DATE         |                            |   |
| 12.   | OFFICERS AN  | ND DIRECTORS   | 13.  | ent signature requ   | wired when reinstaling)  ADDITIONS/CHANGES TO OFFI                                   |              |                            |   |
| I <b>2.</b><br>ITLE   | OFFICERS AN  |  | 13.<br>1.1 TITLE   | eni signature requ   |  |              | DIRECTO<br>Change          |   |
| IZ.<br>ITLE<br>AME  | PD ALONSO, MANUEL A.   | ND DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME   |  |  |              |                            |   |
| IZ.<br>ITLE<br>AME<br>TREET ADDRESS   | OFFICERS AN  | ND DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE  | T ADDRESS  |  |              |                            |   |
| IZ.<br>ITLE<br>IAME<br>STREET ADDRESS<br>ITY-S1-ZIP   | PD<br>ALONSO, MANUEL A.<br>4812 S.W. 72ND AVENUE<br>MIAMI FL<br>VTD  | ND DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME   | T ADDRESS  |  |              |                            | Additio   |
| 12.<br>ITLE<br>IAME<br>STREET ADDRESS<br>DITY - ST - ZIP<br>OLE   | PD ALONSO, MANUEL A. 4812 S.W. 72ND AVENUE MIAMI FL VTD ALONSO, EILEEN W.  | ND DIFFECTORS  | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-   | T ADDRESS<br>ST-ZIP  |  |              | ☐ Change                   | Additio   |
| IZ. ITLE IAME ITREE1 ADDRESS ITTY-S1-ZIP ITLE IAME  | PD ALONSO, MANUEL A. 4812 S.W. 72ND AVENUE MIAMI FL VTD ALONSO, EILEEN W. 4812 S.W. 72ND AVENUE  | ND DIFFECTORS  | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME  | T ADDRESS<br>ST-ZIP  |  |              | ☐ Change                   | Addition  |
| IZ.  ITLE  IAME  STREET ADDRESS  DITY-ST-ZIP  OTHE  IAME  STREET ADDRESS  DITY-ST-ZIP   | PD ALONSO, MANUEL A. 4812 S.W. 72ND AVENUE MIAMI FL VTD ALONSO, EILEEN W.  | ND DIFFECTORS  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-  | T ADDRESS<br>ST-ZIP  |  |              | ☐ Change                   | Additio   |
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| 12.  ITLE IAME STREET ADDRESS SITY - ST - ZIP OTE IAME STREET ADDRESS  | PD ALONSO, MANUEL A. 4812 S.W. 72ND AVENUE MIAMI FL VTD ALONSO, EILEEN W. 4812 S.W. 72ND AVENUE  | ND DIFFECTORS  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME   | T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP   |  |              | ☐ Change                   | Additio   |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME | PD ALONSO, MANUEL A. 4812 S.W. 72ND AVENUE MIAMI FL VTD ALONSO, EILEEN W. 4812 S.W. 72ND AVENUE MIAMI FL S ALONSO, ANNA C. 4812 SW 72ND AVENUE MIAMI FL T ALONSO, EILEEN 8620 MILLER DR. | DELETE  DELETE  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME  | T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP |  |              | ☐ Change ☐ Change ☐ Change | RS IN 12 Addition Addition Addition Addition Addition |