

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra H. Mordant  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P34219**

**(6)**

1. Corporation Name

**GREGORI INTERNATIONAL, INC.**



Principal Place of Business

**8350 N.W. 56TH STREET  
MIAMI FL 33166**

Mailing Address

**8350 N.W. 56TH STREET  
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FREEMAN, STEPHAN A.  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131**

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 607.07(2) and 607.15(2), Florida Statutes, I hereby named, appointed, substituted, or reinstated for the purpose of changing its registered office or registered agent, or both, in the State of Florida, the following as a firm 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 607.07(2)(b), Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Secretary or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	[ ] DELETE
NAME	<b>GREGORI, JEAN LOUIS</b>	
STREET ADDRESS	<b>RN 20 31790 SAINT JORY</b>	
CITY, ST, ZIP	<b>FRANCE</b>	
TITLE	<b>V</b>	[ ] DELETE
NAME	<b>PACE, CHRISTIAN</b>	
STREET ADDRESS	<b>RN 20 31790 SAINT JORY</b>	
CITY, ST, ZIP	<b>FRANCE</b>	
TITLE	<b>D</b>	[ ] DELETE
NAME	<b>LECLERC, CHRISTOPHE</b>	
STREET ADDRESS	<b>8350 N.W. 56TH STREET</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

14 NAME	[ ] Change [ ] Addition
15 STREET ADDRESS	
16 CITY, ST, ZIP	[ ] Change [ ] Addition
17 TITLE	
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	[ ] Change [ ] Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	[ ] Change [ ] Addition
25 TITLE	
26 NAME	
27 STREET ADDRESS	
28 CITY, ST, ZIP	[ ] Change [ ] Addition
29 TITLE	
30 NAME	
31 STREET ADDRESS	
32 CITY, ST, ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this report is true and correct, 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, and that I am qualified to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment thereto.

**SIGNATURE:**

*Christophe Leclerc*  
SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY OR DIRECTOR

**MARCH 28, 96**

**305/6637393**

CR2E034 (12/95)