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Feb 11 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 # P37134

(4)

1. Corporation Name

PARBEL OF FLORIDA, INC.



Principal Place of Business

5200 BLUE LAGOON DRIVE, SUITE 500
MIAMI FL 33126

Mailing Address

5200 BLUE LAGOON DRIVE, SUITE 500
MIAMI FL 33126-7002

3. Date Incorporated or Qualified

01/17/1992

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

13-1247390

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

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
210 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WEIL, GILLES
STREET ADDRESS 41 RUE MARTRE #92117
CITY - ST - ZIP CLICHY CEDEX, FRANCE

☐ DELETE

TITLE D
NAME WIRTH BRUNO
STREET ADDRESS 41 RUE MARTE #92117
CITY - ST - ZIP CLICHY CEDEX FR

☐ DELETE

TITLE V
NAME NESPOLI, THOMAS
STREET ADDRESS 3411 SILVERSIDE RD, #202
CITY - ST - ZIP WILMINGTON DE

☐ DELETE

TITLE ST
NAME TREMBLEY, STEVEN
STREET ADDRESS 5200 BLUE LAGOON DR, #500
CITY - ST - ZIP MIAMI FL

☐ DELETE

TITLE PD
NAME LAUZAT, ERIC
STREET ADDRESS 5200 BLUE LAGOON DRIVE # 500
CITY - ST - ZIP MIAMI FL

☐ DELETE

TITLE D
NAME FROLET, JEAN Y
STREET ADDRESS 41 RUE MARTRE #92117
CITY - ST - ZIP CLICHY CEDEX FR

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-97

305 262 7500

CR2E034 (9/96)