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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081319 (4)**

1. Corporation Name
LE MUSEE IMAGINAIRE, INC.

Principal Place of Business
1153 N FEDERAL HIGHWAY
FT LAUDERDALE FL 33304

Mailing Address
1153 N FEDERAL HIGHWAY
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/24/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 1209 E. LAS OLAS BLVD
Suite, Apt. #, etc. 22
City & State 23 FT. LAUDERDALE, FL
Zip 24 33301 Country 25

2a. Mailing Address
26 1209 E. LAS OLAS BLVD
Suite, Apt. #, etc. 27
City & State 28 FT. LAUDERDALE FL.
Zip 29 33301 Country 30

4. FEI Number: **65-0415338** — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
NORTON, ELAINE M
2501 E COMMERCIAL BLVD
SUITE 209
FT LAUDERDALE FL

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 of a member of the board of directors or authorized officer) (Registered Agent signature if a corporation is designated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☒ Change ☐ Addition
NAME	HERZOG, BRIGITTE	12 NAME	
STREET ADDRESS	1010 S OCEAN BLVD., #1702	13 STREET ADDRESS	3101 PORT ROYALE BLVD #1432
CITY, ST, ZIP	POMPANO BEACH FL 33062	14 CITY, ST, ZIP	FT. LAUDERDALE, FL. 33308
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HERZOG, RENE	22 NAME	
STREET ADDRESS	1010 S OCEAN BLVD., #1702	23 STREET ADDRESS	3101 PORT ROYALE BLVD #1432
CITY, ST, ZIP	POMPANO BEACH FL 33062	24 CITY, ST, ZIP	FT. LAUDERDALE, FL 33308
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and that I am not liable to the corporation stated in Section 607.0509, Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and correct and that my signature shall bind the corporation as if made under oath. If a corporate officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed or added) or on an attachment with an address.

SIGNATURE: BRIGITTE HERZOG (B.H.) 4/24/95 305-522-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0212089 CP