

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

1996 5-1-96

B' 5554 C

DOCUMENT # P95000007781 (4)

1. Corporation Name
AIR DE PARIS CORPORATION



Principal Place of Business

1920 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address

1920 COLLINS AVE.
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **01/30/1995** 3a. Date of Last Report

4. FEI Number: **65-0583804** 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 u32, Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country

2a. Mailing Address

26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country

9. Name and Address of Current Registered Agent

KALCHMAN, CHARLES Z
1111 LINCOLN ROAD
SUITE 325
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. 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, Typed or Printed Name of registered agent at 1111 Lincoln Road

Signature, Typed or Printed Name of New Registered Agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	ARMON ELKAYAM	
STREET ADDRESS	20225 N.E. 34 CT # 1111	
CITY-ST-ZIP	AVENUE, FL 33180	
TITLE	VP/D.	<input type="checkbox"/> DELETE
NAME	COHEN ALIZA LILI	
STREET ADDRESS	18090 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. TITLE	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
13. STREET ADDRESS	14. CITY-ST-ZIP	
21. TITLE	22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	24. CITY-ST-ZIP	
31. TITLE	32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. STREET ADDRESS	34. CITY-ST-ZIP	
41. TITLE	42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43. STREET ADDRESS	44. CITY-ST-ZIP	
51. TITLE	52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53. STREET ADDRESS	54. CITY-ST-ZIP	
61. TITLE	62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63. STREET ADDRESS	64. 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)(A), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

CR2E03