

CORPORATION
ANNUAL REPORT

1994 1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

06 AUG 20 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
1100 LINCOLN ROAD CORP.

DOCUMENT #
P95000049021

Mailing Address Principal Place of Business
169 East Flagler Street
Miami, Florida 33131

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/22/95	3a. Date of Last Report N/A	4. FEI Number 65-0626318	Applied Not Applicable
		5. Certificate of Status Desired \$8.75 <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11 TITLE	President
12 NAME	Jean-Joques Hunay
13 STREET ADDRESS	1054 - Fisher Island
14 CITY - ST - ZIP	Miami, FL 33109
21 TITLE	V. President
22 NAME	Emanuel Sebog
23 STREET ADDRESS	8032 Fisher Island
24 CITY - ST - ZIP	Miami FL 33109
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, 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
08/19/96

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086



PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032
REFERENCE : ~~059690~~ 10315B
 059217
AUTHORIZATION :
 233.75
COST LIMIT : \$ ~~PPD~~

ORDER DATE : August 20, 1996

ORDER TIME : 2:40 PM

ORDER NO. : ~~059690~~

CUSTOMER NO: ~~10315B~~

CUSTOMER: ~~Thomas Halley, Esq
Halley Calkins & Halley, P.a.
Ninth Floor
801 Brickell Avenue
Miami, FL 33131~~

ANNUAL REPORT
DOMESTIC FILINGS

1100 LINCOLN RD CORP.

NAME: ~~HALLEY CALKINS & HALLEY, P A~~

~~XX~~ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____

RECEIVED
96 AUG 20 PM 4:09
DIVISION OF CORPORATION