

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # P96000049899 (3)

1. Corporation Name  
ECLECTIQUE, INC.



Principal Place of Business  
8260 S.W. 103RD STREET  
MIAMI FL 33156

Mailing Address  
8260 S.W. 103RD STREET  
MIAMI FL 33156-2533

3. Date Incorporated or Qualified 06/11/1996  
3a. Date of Last Report

21	2. Principal Place of Business 6344 Bird Road	22	Suite, Apt #, etc.	26	2a. Mailing Address 6344 Bird Road	27	Suite, Apt #, etc.	4.	FEI Number 65-068 2266	Applied For	Not Applicable
23	23 City & State MIAMI, FLORIDA	28	28 City & State MIAMI, FLORIDA	24	24 Zip 33155	25	25 Country DADE	29	29 Zip 33155	30	30 Country DADE
5. Certificate of Status Desired <input type="checkbox"/>								\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>								\$5.00 May Be Added to Fees			
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 CABEZA, MANUEL E ESQ. 800 DOUGLAS ROAD SUITE 351 CORAL GABLES FL 33134						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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DENOUX, BERNADETTE			1.2 NAME			
STREET ADDRESS	8260 S.W. 103RD ST.			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33156			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARRENO, GILBERT			2.2 NAME			
STREET ADDRESS	8260 S.W. 103RD ST.			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33156			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: *Bernadette Denoux* Bernadette Denoux 2/4/97 666-7073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone

CR2E034 (9/96)