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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90022 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000004860
 1. Corporation Name
PAVIYON KREYOL USA, INC.



Principal Place of Business 5921 NE 2ND AVE MIAMI FL 33137	Mailing Address 5921 NE 2ND AVE MIAMI FL 33137
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 01/09/1998
21	22	26	4. FEI Number 65-0853235
Suite, Apt. #, etc.		27	Applied For Not Applicable
City & State		28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country
25	25	30	30
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MIRVILLE, ERNST
 5921 NE 2ND AVE
 MIAMI FL 33137

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	President
STREET ADDRESS	Jean-Marie Denis
CITY-ST-ZIP	310 NE 97 ST, MIAMI, FL 33138
TITLE	<input type="checkbox"/> DELETE
NAME	Treasurer
STREET ADDRESS	Randolph Voyard
CITY-ST-ZIP	14910 BEL AIRE DR Pine, FL 33987
TITLE	<input type="checkbox"/> DELETE
NAME	Secretary
STREET ADDRESS	Ernst Mirville
CITY-ST-ZIP	5921 NE 2nd Ave MIAMI, FL 33137
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 5/18/1999 DAYTIME PHONE #: 876-7599

CR2E034 (1/98)