

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S08282 (3)

1. Corporation Name
ANDRE DE LA ROCHE, INC.



Principal Place of Business Mailing Address
72 VISTA DEL RIO BOYNTON BCH. FL 33426 **72 VISTA DEL RIO BOYNTON BCH. FL 33426**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1990	3a. Date of Last Report 06/09/1995
21		26		4. FEI Number 65-0222543	Applied For Not Applicable
22. Suite, Apt. #, etc		27. Suite, Apt. #, etc		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DE LA ROCHE, ANDRE 72 VISTA DEL RIO BOYNTON BCH. FL 33426				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 _____ (NOTE: Registered Agent signature required when registering) Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELA ROCHE, ANDRE	12 NAME	
STREET ADDRESS	72 VISTA DEL RIO	13 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	14 CITY - ST - ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA ROCHE, ROSSANA	22 NAME	
STREET ADDRESS	72 VISTA DEL RIO	23 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 further certify that the information indicated in 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 or person empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or an appointment with an address.

SIGNATURE: *Andre De La Roche* PRESIDENT 6-20-1996 561-835-0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)