


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

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95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V18616** (5)

1. Corporation Name
ST. TROPEZ LIVING, INC.

Principal Place of Business: **446 COLLINS AVENUE MIAMI BCH FL 33139 US**

Mailing Address: **446 COLLINS AVENUE MIAMI BCH FL 33139 US**

DO NOT WRITE IN THIS SPACE

2. Principal Director of Business: **21**

2a. Mailing Address: **25**

22. Subst. Apt. #, etc. **27**

23. City & State: **28**

24. Zip: **25** County: **29** **30**

3. Date Incorporated or Qualified: **03/04/1992**

3a. Date of Last Report: **04/15/1994**

4. FEI Number: **65-0330390**

Applied For: 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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**PASTERNAK, MARSHALL
% GREENBERG TRAURIG
1221 BRICKELL AVENUE
MIAMI FL 33139**

10. Name and Address of New Registered Agent

81 Name: Robert R. Threath

82 Street Address (P.O. Box Number is Not Acceptable): 446 Collins Avenue

83

84 City: Miami Beach FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0503 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 607.1508, Florida Statutes.

SIGNATURE: *Robert R. Threath* **Robert R. Threath** **4/28/95**

12. OFFICERS AND DIRECTORS

11. TITLE	PDST
12. NAME	KRAMER, THOMAS
13. STREET ADDRESS	446 COLLINS AVE.
14. CITY, ST. ZIP	MIAMI BEACH FL
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST. ZIP	
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST. ZIP	
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	VP H. Hanau
13. STREET ADDRESS	446 Collins Avenue
14. CITY, ST. ZIP	Miami Beach, FL 33139
15. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16. NAME	VPS H. NEE
17. STREET ADDRESS	446 Collins Avenue
18. CITY, ST. ZIP	Miami Beach, FL 33139
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST. ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the provisions of Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall be as the same legal effect as if made under oath. That I am an eligible director of the corporation or the officer or holder of an office of the corporation as required by Chapter 607, Florida Statutes, and that my name appears on the corporation's list of members, officers or an officer named with an addition.

SIGNATURE: *Margaret Nee* **4/28/95 305-532-2519**