

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Mordant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34219

(6)

1. Corporation Name

GREGORI INTERNATIONAL, INC.



Principal Place of Business

**8350 N.W. 56TH STREET
MIAMI FL 33166**

Mailing Address

**8350 N.W. 56TH STREET
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FREEMAN, STEPHAN A.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

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 607.07(2) and 607.15(2), Florida Statutes, I hereby named, appointed, substituted, or reinstated for the purpose of changing its registered office or registered agent, or both, in the State of Florida, the following as a registered agent of the corporation, board of directors, thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.07(2)(a), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GREGORI, JEAN LOUIS	
STREET ADDRESS	RN 20 31790 SAINT JORY	
CITY, ST, ZIP	FRANCE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PACE, CHRISTIAN	
STREET ADDRESS	RN 20 31790 SAINT JORY	
CITY, ST, ZIP	FRANCE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LECLERC, CHRISTOPHE	
STREET ADDRESS	8350 N.W. 56TH STREET	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
15 STATE ADDRESS	
16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 TITLE	
18 NAME	
19 STATE ADDRESS	
20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STATE ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 TITLE	
26 NAME	
27 STATE ADDRESS	
28 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 TITLE	
30 NAME	
31 STATE ADDRESS	
32 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is true and correct, 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, and that I am registered as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment thereto.

SIGNATURE:

Christophe Leclerc
SIGNATURE AND TYPE OR PRINT NAME OF REGISTERED AGENT OR DIRECTOR

MARCH 28, 96

305/6637393

CR2E034 (12/95)