

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S46014 (4)

1. Corporation Name
JPPT SHOWROOM, INC.

Principal Place of Business

C/O LIEBMAN STUDIO
2421 LAKE PANCOAST DR.
MIAMI BEACH FL 33139
US

Mailing Address

BP 1413
BP 1413 - CEDEX 1
ORLEANS FR 45004
~~450~~



3. Date Incorporated or Qualified
04/15/1991

3a. Date of Last Report
07/10/1996

4. FEI Number

65-0282439

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

2. Principal Place of Business

C/O LACY
Suite, Apt. #, etc. #921
6039 COLLINS AVE

2a. Mailing Address

26
Suite, Apt. #, etc.
BP 1413

22 City & State
MIAMI BEACH - FLA

27 City & State
ORLEANS CEDEX

23 Zip
33140

Country

28 Zip
45004

30 Country
FRANCE

9. Name and Address of Current Registered Agent

PELLETIER-TROUPET J-PIERRE
C/O LIEBMAN STUDIO
2421 LAKE PANCOAST DR.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
PELLETIER-TROUPET J-PIERRE
82 Street Address (P.O. Box Number is Not Acceptable)
C/O LACY - # 921
83 6039 COLLINS AVE
84 City
MIAMI BEACH
85 Zip Code
FL 33140

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

Signature typed or printed (If signature is typed or printed, the signature must be applicable.)

(NOTE: Registered Agent signature required when re-registering)

01/09/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PELLETIER-TROUPET, J.P. | |
| STREET ADDRESS | C/O LIEBMAN STUDIO 2421 PANCOAST DR | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BEUDARD, BERNARD | |
| STREET ADDRESS | C/O LIEBMAN STUDIO 2421 PANCOAST DR | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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

| | |
|--------------------|--|
| 1.1 TITLE | Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | C/O LACY - #921 - 6039 COLLINS AVE |
| 1.4 CITY-ST-ZIP | MIAMI BEACH FLA 33140 |
| 2.1 TITLE | Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | C/O LACY # 921 - 6039 Collins Ave |
| 2.4 CITY-ST-ZIP | MIAMI BEACH FLA 33140 |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JP PELLETIER - TROUPET President

01/09/97

Date

Daytime Phone #

0527563

CR2E034 (9/96)