CORPORATION
ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

95 APR -3 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750178 (6)

1. Corporation Name

CLUB RICHELIEU DE LA FLORIDE SUD, INC.

500001448905
-04/06/95--01020--031
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4900 NW 25 TERR TAMARAE FL 33309 US	4900 NW 25TH TERR TAMARAE FL 33309 US

3. Date Incorporated or Qualified: 12/12/1979
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1837103 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAUZIER, JEAN-PAUL
4900 NW 25TH TERR
TAMARAE FL 33309

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LAUZIER, JEAN-PAUL	1.2 NAME	LEFEBVRE YVON	
STREET ADDRESS	4900 NW 25TH TERR	1.3 STREET ADDRESS	210 S.E.7thST.	
CITY-ST-ZIP	TAMARAE FL	1.4 CITY-ST-ZIP	DANIA F,L, 33004	
TITLE	SD	2.1 TITLE	S.D.	☒ Change ☐ Addition
NAME	MERCURI-BRUNO	2.2 NAME	DESROCHES MICHEL	
STREET ADDRESS	1640 CLEAVELAND RD	2.3 STREET ADDRESS	2750 WASHINGTON ST.	
CITY-ST-ZIP	MIAMI-BCH FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL.33020	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	COTE, LEO	3.2 NAME	LESSARD HENRI	
STREET ADDRESS	322 BUCHANAN ST	3.3 STREET ADDRESS	2601 S.W.48 TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	PEMBROKE PARK FL.33023	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	LAVALLIE EMILE	4.2 NAME	CARON SIMON	
STREET ADDRESS	348 SE 2ND AVE	4.3 STREET ADDRESS	1121 N13TERRACE	
CITY-ST-ZIP	DANIA FL	4.4 CITY-ST-ZIP	HOLLYWOOD FL. 33020	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Simon Caron 3/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date
SIMON CARON
(305) 925-4956
Daytime Phone #

0044874