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FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 619814 (7)

1. Corporation Name

REGENT LACOURSIERE INTERNATIONAL, INC.

Principal Place of Business

3908 S. OCEAN BLVD., UNIT T.H.5
HIGHLAND BEACH FL 33487

Mailing Address

3908 S. OCEAN BLVD., UNIT T.H.5
HIGHLAND BEACH FL 33487-3337

3. Date Incorporated or Qualified

05/15/1979

3a. Date of Last Report

04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24

25

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-1960073

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

10. Name and Address of New Registered Agent

SILVANO, BRUCE
3908 S OCEAN BLVD., UNIT TH5
HIGHLAND BEACH FL 33487

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 607.1503, 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 of registered agent or authorized officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE
APRIL 25/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LA COURSIERE SR., REGENT	
STREET ADDRESS	7015 JARRY ST. E.	
CITY - ST - ZIP	MONTREAL, CANADA H1J -1G3	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LA COURSIERE JR., REGENT	
STREET ADDRESS	3908 S. OCEAN BLVD., TH5	
CITY - ST - ZIP	HIGHLAND BEACH FL 33487	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LA COURSIERE, MARY	
STREET ADDRESS	7015 JARRY ST. E.	
CITY - ST - ZIP	MONTREAL, CANADA H1J -1G3	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVANO, ROSEMARIE L.	
STREET ADDRESS	3908 S OCEAN BLVD. UNIT TH5	
CITY - ST - ZIP	HIGHLAND BEACH FL 33487	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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:

Mary LaCourse, Regent, April 25/97, 561-279-9455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0338784

CR2E034 (9/96)