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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **678796** **(4)**

1. Corporation Name

**LES APPARTEMENTS DOLPHIN, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3215 NE 7TH STREET<br>POMPANO BEACH FL 33062 | 3215 NE 7TH STREET<br>POMPANO BEACH FL 33062 |

3. Date Incorporated or Qualified: 07/17/1980

3a. Date of Last Report: 03/23/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-2020186 ☐ 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**

DESJARDINES, JACQUES
3215 NE 7TH STREET
POMPANO BEACH FL 33062

**10. Name and Address of New Registered Agent**

81 Name: Estelle Desjardins

82 Street Address (P.O. Box Number is Not Acceptable)

83: 3215 N.E. 7th Street

84 City: Pompano Beach **FL** 85 Zip Code: 33062

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: Estelle Desjardins — ESTELLE DESJARDINS (NOTE: Registered Agent signature required when reinstating) — DATE: 04/15/96

Signature, typed or printed name of registered agent and title if applicable

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDS<br>DESJARDINS, JACQUES<br>3215 NE 7TH STREET<br>POMPANO BEACH FL | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>GOSELIN, FERNAND<br>19 DES CAPS, ST ROMUALD<br>QUEBEC, CANADA | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>CHANTAL, RAYMOND<br>4119 BOUL. STE ANNE,MONT<br>QUEBEC, CANADA | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>SIMARD, PIERRE<br>2695 MAUFILS, APT 5<br>QUEBEC, CANANA | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PDS<br>Estelle Desjardins<br>3215 N.E. 7th Street<br>Pompano Beach, Florida 33062 | ☐ Change ☐ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | 700001788208<br>-04/22/96--01023--021<br>***200.00 | ☐ Change ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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)(k), 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:** Estelle Desjardins — PRES. — 03/19/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)