FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 07 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 # **678796** **(4)**

1. Corporation Name
LES APPARTEMENTS DOLPHIN, INC.

Principal Place of Business	Mailing Address
3215 NE 7TH STREET POMPANO BEACH FL 33062	3215 NE 7TH STREET POMPANO BEACH FL 33062-4508

3. Date Incorporated or Qualified: 07/17/1980
3a. Date of Last Report: 04/19/1996

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

DESJARDINS, ESTELLE
3215 NE 7TH STREET
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: Marc Labossiere
82 Street Address (P.O. Box Number is Not Acceptable): 1222 N.E. 4th Avenue
83:
84 City: Fort Lauderdale FL 85 Zip Code: 33304-1925

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] Marc Labossiere 03/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	☒ DELETE	1.1 TITLE	PDS	☒ Change ☐ Addition
NAME	DESJARDINS, ESTELLE		1.2 NAME	Fernand Gosselin	
STREET ADDRESS	3215 N.E. 7TH STREET		1.3 STREET ADDRESS	1569 Des Caps	
CITY-ST-ZIP	PAOMPANO BEACH FL 33062		1.4 CITY-ST-ZIP	St-Romuald, Quebec G6W 3S4	
TITLE	DV	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOSELIN, FERNAND		2.2 NAME		
STREET ADDRESS	19 DES CAPS, ST ROMUALD		2.3 STREET ADDRESS		
CITY-ST-ZIP	QUEBEC, CANADA		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHANTAL, RAYMOND		3.2 NAME		
STREET ADDRESS	4119 BOUL. STE ANNE,MONT		3.3 STREET ADDRESS		
CITY-ST-ZIP	QUEBEC, CANADA		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIMARD, PIERRE		4.2 NAME		
STREET ADDRESS	2695 MAUFILS, APT 5		4.3 STREET ADDRESS		
CITY-ST-ZIP	QUEBEC, CANANA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Fernand Gosselin FERNAND GOSSELIN 03/27/97 954-941-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0145610