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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # F02948 (0)

1. Corporation Name
THE TIFFANY OF BAL HARBOUR, INC.



Principal Place of Business

Mailing Address

1455 W. SHERBROOKE STREET
SUITE 200
MONTRAL, QUEBEC H3G 1L2
CA

1455 W. SHERBROOKE STREET
SUITE 200
MONTRAL, QUEBEC H3G 1L2
CA

3. Date Incorporated or Qualified
10/23/1980

3a. Date of Last Report
12/02/1996

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

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENSPOON, MARDER H
SUITE 700, TRADE CENTRE SOUTH
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

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

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 PD
NAME LUGER, SOL
STREET ADDRESS 190 ETON CRESCENT
CITY, ST-ZIP HAMPSTEAD, QUEBEC H3G 1L2

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP (zip) H3X 3K3

TITLE VD
NAME BRONSTEIN, MORRIE
STREET ADDRESS 1 WOOD AVENUE #1405
CITY, ST-ZIP MONTREAL, QUEBEC

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSD
NAME GREENBERG, SAM
STREET ADDRESS 3577 ATWATER #1408
CITY, ST-ZIP MONTREAL, QUEBEC

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME DRAZIN, LOUIS
STREET ADDRESS 5557 BORDEN AVENUE
CITY, ST-ZIP MONTREAL, QUEBEC

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Montreal, Quebec H4V 2T7

TITLE SD
NAME GREENBERG, SAM
STREET ADDRESS 3577 ATWATER, APT. 1408
CITY, ST-ZIP MONTREAL, QUEBEC H3H 2P2

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST-ZIP

6.1 TITLE
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 in 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 charged, or on an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sol Luger

Feb. 21/97

Date

Daytime Phone # 0012553

CR2E034 (9/96)