FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:33

DOCUMENT # F03336 (7)

1. Corporation Name
L'AGENCE, INC.

Principal Place of Business	Mailing Address
1220 COLLINS AVE., #210 MIAMI BEACH FL 33139	1220 COLLINS AVE., #210 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1980
3a. Date of Last Report: 08/26/1994
4. FEI Number: 59-2030463 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 850 Oceen Drive	26 850 Oceen Drive
Suite, Apt. #, etc: 22 2nd Floor	Suite, Apt. #, etc: 27 2nd Floor
City & State: 23 Miami Beach FLA	City & State: 28 Miami Beach FL
Zip: 24 33139 Country: 25 DADE	Zip: 29 33139 Country: 30 DADE

9. Name and Address of Current Registered Agent

ZEUMER, THOMAS
5600 COLLINS AVENUE, #8-F
MIAMI BEACH FL 33170

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZEUMER, THOMAS
STREET ADDRESS	5600 COLLINS AVE, STE. 8-F
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	S
NAME	SUSSMANE, KENNETH
STREET ADDRESS	919 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	PAOLO BUONFANTE
NAME	Vice President
STREET ADDRESS	850 Oceen Drive
CITY-ST-ZIP	Miami Beach FLA 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 ☐ Change ☐ Addition
2 ☐ Change ☐ Addition
3 ☐ Change ☒ Addition
4 ☐ Change ☐ Addition
5 ☐ Change ☐ Addition
6 ☐ 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)(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: [signature] Secy 1/19/95 305 672 0804

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