FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F11038

(9)

VIATEUR BOULANGER, INC.

Principal Plac 9842 ROYAL F CORAL SPRIN	PALM BLVD.		VIATEUR BOULANGER, INC. 2139 UNIVERSITY DR #245			
		U8			3a. Date of Last Report 05/01/1996	
—	Place of Business	2a. Mailing Address 26 P. D. Bo	x 1889	4. FEI Number	Applied For	
Sulte, Apt.	#, etc.	26 <i>P. V. 150</i> , Suite, Apt. #, etc.	1001	59-2053879	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State	A.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	This corporation has liability for,		
24	25	29 33004	30]	Florida Statutes	Yes 🗌 No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
	ULANGER, VIATEUR		81 Name <i>G</i>	ERALD ADAM	' ' ' '	
	AST-TAX		82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
	NORTH FEDERAL HIGHWAY		03/1			
DAI	NIA FL 33004	\cap	83//			
		[/	A City		85 Zip Code	
€€ Dureuent	to the provisions of Sections 607.0	1502 and 607 1508 Florid Florid	S No bound named cor	paration automits this statement for the s	FL 50 215 Cook	
office or t agent. I s SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the ob-	(/	Inglized by the corporation Statutes.	poration submits this statement for the pation's board of directors. I hereby accept the patients of the patie	of the appointment of registered	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	BOULANGER, VIATEUR	,	1.2 NAME			
STREET ADDRESS	113 NORTH FEDERAL HIGH	IWAY .	1.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-7IP			
TITLE	ļ	☐ DELETE	21 1111.F		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	2. CHY-S1-ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME		C cuanta C voquion	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TIPLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP]		4 4 CITY - ST - ZIP			
TITLE		☐ DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C(1)Y - \$1 - 7(P			
TITLE		DELETE	G.1 TITLE		Change Addition	
NAME			6.2 NAME			

6.3 STREET ADDRESS

6.4;CITY-ST-7)P 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