

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # F92000000600 (8)

1. Corporation Name

LES DEVELOPPEMENTS LE RIVEBOURG, INC.



Principal Place of Business

Mailing Address

C/O DASZKAL BOLTON & MANELA, CPAS  
7301 A W. PALMETTO PARK RD., SUITE 204A  
BOCA RATON FL 33433  
US

C/O DASZKAL BOLTON & MANELA, CPAS  
7301 A W. PALMETTO PARK RD., SUITE 204A  
BOCA RATON FL 33433  
US

3. Date Incorporated or Qualified  
12/10/1992

3a. Date of Last Report  
04/25/1995

4. FEI Number

65-0387796

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

21 240 W. PALMETTO PARK RD  
Suite, Apt. #, etc.

26 240 W. PALMETTO PARK RD  
Suite, Apt. #, etc.

22 300

27 300

23 BOCA RATON, FL

28 BOCA RATON, FL

24 334-32

Country

25 PALM BEACH

29 334-32

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, NORMAN  
320 N.W. 67TH STREET  
APT 203  
BOCA RATON FL 33487

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

TITLE	CP	<input type="checkbox"/> DELETE
NAME	GOODMAN, NORMAN	
STREET ADDRESS	3550 MOUNTAIN STREET	
CITY-ST-ZIP	MONTREAL CANADA H3A 2R7	
TITLE	VCS	<input type="checkbox"/> DELETE
NAME	GOODMAN, CLIFFORD	
STREET ADDRESS	3350 MOUNTAIN STREET	
CITY-ST-ZIP	MONTREAL CANADA H3A 2R7	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODMAN, SHARIN	
STREET ADDRESS	3350 MOUNTAIN STREET	
CITY-ST-ZIP	MONTREAL CANADA H3A 2R7	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 or attached to an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407-95-6441  
Date Day/Time Phone #

CR2E034 (12/95)