

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:35

DOCUMENT # F93000001033 (0)

1. Corporation Name

LES INVESTISSEMENTS STEHCYN INC.

Principal Place of Business

326 COLLIDGE ST.
APT 3
HOLLYWOOD FL 33019

Mailing Address

326 COLLIDGE ST.
APT 3
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

3a. Date of Last Report

02/21/1994

4. FEI Number

52-1813604

Applied For

Not Applicable

5. Certificate of Status Entered

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt # etc

Suite Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOKS, MARTIN G
4800 SHERIDAN ST.
STE. 300
HOLLYWOOD FL 33021

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 of person named as registered agent and filed application

Signature of Registered Agent (signature required after filing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE	DCP
NAME	GODBOUT, HILAIRE
STREET ADDRESS	326 COLLIDGE ST.
CITY- ST- ZIP	HOLLYWOOD FL 33019
TITLE	DST
NAME	CARVER, CYNTHIA
STREET ADDRESS	326 COLLIDGE ST.
CITY- ST- ZIP	HOLLYWOOD FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 1910.07(4)(b), 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia Carver
SIGNATURE AND TYPED OR PRINTED NAME OF DIVISION OFFICER OR EMPLOYEE
CYNTHIA CARVER, Sec. Treasurer

JAN 11, 1995