

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001020 (6)

1. Corporation Name

LEMARQUIS INTERNATIONAL, INC.

Principal Place of Business

2201 CORPORATE BLVD NW
SUITE 107
BOCA RATON FL 33431
US

Mailing Address

2201 CORPORATE BLVD NW
SUITE 107
BOCA RATON FL 33431
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

RIND, BERND

~~11857 SANDLAKE DRIVE~~ 22296 Collington DRIVE
BOCA RATON FL 33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, and I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PVC
RIND, BERND
11857 SANDLAKE DRIVE
BOCA RATON FL 33428

TITLE NAME ☐ DELETE

V
WEINSTEIN, ALAN
174 OCEAN AVENUE, 38 LANDS END
SEABRIGHT NJ 07760

TITLE NAME ☐ DELETE

ST
BAUMAN, IRWIN
61 CARRIAGE ROAD
ROSLYN NY 11576

TITLE NAME ☐ DELETE

D
LANGEVIN, DAVID
2224 COPPESFIELD DR
MENDOTA HEIGHTS MN

TITLE NAME ☐ DELETE

C
GOLDBERGER, RONALD
125 PARK AVENUE
NEW YORK NY

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of the corporation; and that I am familiar with, and accept the obligations of, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OF STATE

Secretary of State

te

RATIONS



3. Date Incorporated or Qualified

03/01/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

11-2597106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

I, the undersigned, being a duly qualified agent of the above named corporation, submit this statement for the purpose of changing its registered office and registered agent. I am a member of the corporation's board of directors. I hereby accept the appointment as registered agent. I am

Agent signature required when re-registering

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

</