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

Mailing Address

FLOOR 30

1501 BROADWAY

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1501 BROADWAY FLOOR 30

STREET ADDRESS

I do hereby certify that the information supplied with this information indicated on this annual report or supp

I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or on

SIGNATURE: SIGNATURE AND TYPED OR PR

bment

CITY-S1-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500002472 (7)

PASCAL IMBERT ENTERPRISES, LTD., INC.

NEW YORK NY 10036 NEW YORK NY 10036-5601 3. Date Incorporated or Qualified 05/22/1995 3a. Date of Last Report 02/27/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 13-3547769 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent IMBERT, PASCAL Name 350 LINCOLN RD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 415** MIAMI BEACH FL 33139 83 84 City 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 Stgruture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PSD DELETE Change 1.1 TITLE TITLE IMBERT, PASCAL NAME 1.2 NAME 350 LINCOLN RD, SUITE 415 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST-ZIP CITY-S1-76 DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition THILE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE Addition 5.1 TITLE DILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZIP CITY - ST-ZIP DELETTE Change Addition 6.1 TITLE 6.2 NAME NAME

6.3 STREET

6.4 CID ST-ZIP

looness

ly for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the rue and accurate and that my signature shall have the same legal effect as it made under oath; that ered to execute this report as required by Chapter 607, Florida Statutes; and that my name