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FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000005829 (5)

1. Corporation Name

LALIQUE INVESTMENTS LTD. INC.



Principal Place of Business  
526 NE 17TH AVE.  
FT. LAUDERDALE FL 33301

Mailing Address  
526 NE 17TH AVE.  
FT. LAUDERDALE FL 33301-1361

3. Date Incorporated or Qualified  
11/30/1995

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0629415

Applied For  
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 Zip Country

28 Zip Country

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

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, TIM D  
526 NE 17TH AVE.  
FT. LAUDERDALE FL 33301

81 Name

MILLER, TIM D

82 Street Address (P.O. Box Number is Not Acceptable)

654 N RIO VISTA BLVD

83

84 City

FORT LAUDERDALE

FL

85

Zip Code  
33301

11. Pursuant to the provisions of Sections 607.0507 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

Tim D Miller

January 27, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME STUART, LEN  
STREET ADDRESS PARADISE ISLAND DR.  
CITY-ST-ZIP PARADISE ISL., NASSAU BAHAMA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP/D ☐ DELETE  
NAME FISH, FRANK  
STREET ADDRESS 110 LOMBARD ST.  
CITY-ST-ZIP TORONTO, ONT. CAN., M5C 1M3 FL 33304

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME MILLER, TIM D.  
STREET ADDRESS 654 NORTH RIO VISTA BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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

TIM D MILLER

JANUARY 27, 1997

954-467-2467

Date

Daytime Phone #

CR2E034 (9/96)