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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

65-0629415

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 654 N. Rio Vista Blvd

Suite, Apt. #, etc.

22

City & State

23 Fort Lauderdale, FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 Post Office Box 1474

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale, FL

Zip

29 33302

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, TIM D  
654 N RIO VISTA BLVD  
FT. LAUDERDALE FL 33301

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

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

Tim D Miller

(NOTE: Registered Agent signature required when reinstating)

April 17, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 registered 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 from a previous filing with an address.

SIGNATURE:

Tim D Miller

04/17/98

(954)467-2467

CR2E034 (10/97)