

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000002 (2)
 1. Corporation Name
CARRE BLANC, U.S.A., INC.

Principal Place of Business 500 THROCKMORTON ST., STE. 3200 FT. WORTH TX 76102	Mailing Address 500 THROCKMORTON ST., STE. 3200 FT. WORTH TX 76102-9819
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2. Principal Place of Business 500 Throckmorton St. Suite 1703	2a. Mailing Address 500 Throckmorton Street Suite 1703	3. Date Incorporated or Qualified 12/31/1996	3a. Date of Last Report
21. Suite, Apt # etc. Suite 1703	26. Suite, Apt # etc. Suite 1703	4. FEI Number 98-0164496	Applied For <input type="checkbox"/> Not Applicable
22. City & State Fort Worth, TX	27. City & State Fort Worth, TX	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 76102	28. Zip 76102	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country USA	29. Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWINGER, BERNARD		1.2 NAME	
STREET ADDRESS 11 AVENUE DU POLYGONE		1.3 STREET ADDRESS	
CITY-ST-ZIP 42300 ROANNE, FRANCE		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHEL, DOMINIQUE		2.2 NAME Secretary & Treasurer	
STREET ADDRESS 11 AVENUE DU POLYGONE		2.3 STREET ADDRESS Michel, Dominique	
CITY-ST-ZIP 42300 ROANNE, FRANCE		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Jean-Claude Gotheron	
STREET ADDRESS		3.3 STREET ADDRESS 11 Avenue Du Polygone	
CITY-ST-ZIP		3.4 CITY-ST-ZIP 42300 Roanne, France	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **4-14-97** DAYTIME PHONE: **(817) 898-6392**

CR2E034 (9/96)