

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

**FILED**

**Mar 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**

**DOCUMENT # G07391**

**(7)**

**1. Corporation Name  
EAST SIDE CORPORATION**



**Principal Place of Business  
C/O SHUTTS & BOWEN (JDB)  
201 S BISCAYNE BLVD. #1600  
MIAMI FL 33131  
US**

**Mailing Address  
C/O SHUTTS & BOWEN (JDB)  
201 S BISCAYNE BLVD. #1600  
MIAMI FL 33131-4329  
US**

<b>3. Date Incorporated or Qualified</b> 11/05/1982	<b>3a. Date of Last Report</b> 06/06/1996
<b>4. FEI Number</b> 59-2252392	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**2. Principal Place of Business:**

21 | Subd., Apt. #, etc.

22 | City & State

23 | Zip | Country

24 | 25 |

**2a. Mailing Address:**

26 | Subd., Apt. #, etc.

27 | City & State

28 | Zip | Country

29 | 30 |

**9. Name and Address of Current Registered Agent**  
**CORPORATION COMPANY OF MIAMI  
C/O SHUTTS & BOWEN (JDB)  
201 S BISCAYNE BLVD. #1600  
MIAMI FL 33131**

**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 obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ (Name of person authorized to file this report) \_\_\_\_\_ (Name of Registered Agent, signature required when reinstating) \_\_\_\_\_ DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>LECLERCQ ALAIN</b>	
STREET ADDRESS	<b>LE SHANGRI LA, 11 BD</b>	
CITY-ST-ZIP	<b>MONTE CARLO, MONACO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LECLERCQ, ALAIN</b>	
STREET ADDRESS	<b>LE SHANGRI-LA, 11 BD</b>	
CITY-ST-ZIP	<b>MONTE CARLO, MONACO</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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 (changed), or on an attachment with an address.**

**SIGNATURE:** \_\_\_\_\_ Date: **March 24 1997**

CR2E034 (9/96)