

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H00108** (1)
1. Corporation Name
LA BELLE FRANCE, INC.



Principal Place of Business
**406 SARASOTA QUAY
C/O EVELYN G. LAUBER
SARASOTA FL 34236
US**

Mailing Address
**406 SARASOTA QUAY
C/O EVELYN G. LAUBER
SARASOTA FL 34236
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 40 SUSAN HORTON Suite, Apt. #, etc. 22 4727 Old Farm Road City & State 23 Sarasota FL Zip 24 34233		2a. Mailing Address 26 40 SUSAN HORTON Suite, Apt. #, etc. 27 4727 Old Farm Rd City & State 28 Sarasota FL Zip 29 34233		3. Date Incorporated or Qualified 04/20/1984		3a. Date of Last Report 07/30/1996	
				4. FEI Number 65-0176664		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**LAUBER, EVELYN G.
406 SARASOTA QUAY
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name **SUSAN H. HORTON**
82 Street Address (P.O. Box Number is Not Acceptable)
4727 Old Farm Road
83
84 City **Sarasota** **FL** **85** Zip Code **34233**

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 **Susan H. Horton, Sec/Treas.** **SUSAN H. HORTON** **7/25/97**
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Secretary / Treas	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAUBER, EVELYN G.		1.2 NAME SUSAN H. HORTON	
STREET ADDRESS 406 SARASOTA QUAY		1.3 STREET ADDRESS 4727 Old Farm Road	
CITY-ST-ZIP SARASOTA FL 34236		1.4 CITY-ST-ZIP Sarasota FL 34233	
TITLE President & Director	<input type="checkbox"/> DELETE	2.1 TITLE President & Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Alexandre de Couet		2.2 NAME N/A	
STREET ADDRESS P.O. Box 4202		2.3 STREET ADDRESS N/A	
CITY-ST-ZIP 8022 Zurich, Switzerland		2.4 CITY-ST-ZIP N/A	
TITLE Vice President, Dir	<input type="checkbox"/> DELETE	3.1 TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Madeleine de Couet		3.2 NAME N/A	
STREET ADDRESS P.O. Box 4202		3.3 STREET ADDRESS N/A	
CITY-ST-ZIP 8022 Zurich, Switzerland		3.4 CITY-ST-ZIP N/A	
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.

CR2E034 (4/97)