

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandia B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H45857 (0)**

1. Corporation Name

**ALEXIS NIHON PROPERTIES CORPORATION**



Principal Place of Business

Mailing Address

10201 HAMMOCKS BLVD.  
MIAMI FL 33196

10201 HAMMOCKS BLVD.  
MIAMI FL 33196

3. Date Incorporated or Qualified **03/07/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number	Applied For
<b>94-2992465</b>	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SZUCS, JOSEPH L.**  
10201 HAMMOCKS BLVD., STE. #150  
MIAMI FL 33196

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

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSICOTTE, PAUL J.	1.2 NAME	
STREET ADDRESS	320 SIMCOE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETHERLY, IAN	2.2 NAME	
STREET ADDRESS	8 HUDSON WESTMARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELIN, DONALD R	3.2 NAME	
STREET ADDRESS	6380 COTE DE LIESSE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE, MIMI	4.2 NAME	
STREET ADDRESS	773 HARTLAND OUTERMONT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZUCS, JOSEPH L.	5.2 NAME	
STREET ADDRESS	10201 HAMMOCKS BLVD #150	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/30/96

382-3377

DATE

PHONE NUMBER

CR2E034 (12/95)