

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

FILED

Apr 10 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 # J72305 (2)

1. Corporation Name  
MARCHAND, INC.

Principal Place of Business  
2500 HOLLYWOOD BLVD.  
SUITE 215  
HOLLYWOOD FL 33020

Mailing Address  
2500 HOLLYWOOD BLVD.  
SUITE 215  
HOLLYWOOD FL 33020-8615



2. Principal Place of Business  
21 1222 N.E. 4th Avenue  
Suite, Apt. #, etc.

22 City & State  
23 Fort Lauderdale, FL  
Zip Country  
24 33304 25 U.S.

2a. Mailing Address  
26 1222 N.E. 4th Avenue  
Suite, Apt. #, etc.

27 City & State  
28 Fort Lauderdale, FL  
Zip Country  
29 33304 30 U.S.

3. Date Incorporated or Qualified  
05/08/1987

3a. Date of Last Report  
04/15/1996

4. FEI Number  
65-0002355

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARCHAND, JACQUES  
70 NE 11TH WAY  
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

Fort Lauderdale FL 33304

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 Marc Labossiere 04/01/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> DELETE |
| NAME           | MARCHAND, JACQUES  |                                 |
| STREET ADDRESS | 70 NE 11TH WAY     |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |                                 |
| 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    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | PD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Jacques Marchand          |  |
| 1.3 STREET ADDRESS | 1222 N.E. 4th Avenue      |  |
| 1.4 CITY-ST-ZIP    | Fort Lauderdale, FL 33304 |  |
| 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 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: JACQUES MARCHAND 4-1-97 954-925-7006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)