

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 3:56

DOCUMENT # **K18107 (8)**

1. Corporation Name

**LES MUST DE CARTIER INTERNATIONAL INC.**

Principal Place of Business

Mailing Address

550 BILTMORE WAY  
STE. #1270  
CORAL GABLES FL 33134  
US

550 BILTMORE WAY  
STE. #1270  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1988** 3a. Date of Last Report **01/27/1994**

4. FEI Number **22-2892931** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**  
NAME **PARAY, JEAN MICHEL**  
STREET ADDRESS **550 BILTMORE WAY, SUITE 1270**  
CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE **SR.VP**  Change  Addition  
1.2 NAME **Paray, Jean-Michel**  
1.3 STREET ADDRESS **550 Biltmore Way, Suite 1270**  
1.4 CITY-ST-ZIP **Coral Gables, Fl.**

TITLE **T**  
NAME **SEXTON, MARY ANN**  
STREET ADDRESS **1 CORPORATE DRIVE**  
CITY-ST-ZIP **SHELTON CO**

2.1 TITLE  Change  Addition  
2.2 NAME **SEXTON, MARY ANN**  
2.3 STREET ADDRESS **should be deleted**  
2.4 CITY-ST-ZIP

TITLE **D**  
NAME **DESTINO, RALPH**  
STREET ADDRESS **653 FIFTH AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE **VP FIN./OPERATIONS**  Change  Addition  
3.2 NAME **Paray, Annie**  
3.3 STREET ADDRESS **550 Biltmore Way, Suite 1270**  
3.4 CITY-ST-ZIP **Coral Gables, Fl.**

TITLE **VP**  
NAME **MARTIN, JEAN**  
STREET ADDRESS **550 BILTMORE WAY**  
CITY-ST-ZIP **CORAL GABLES FL**

4.1 TITLE  Change  Addition  
4.2 NAME **MARTIN, JEAN**  
4.3 STREET ADDRESS **should be deleted**  
4.4 CITY-ST-ZIP

TITLE **DS**  
NAME **GORDON, NEAL**  
STREET ADDRESS **2 E 62ND ST.**  
CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE  Change  Addition  
5.2 NAME **D Meffre, Francois**  
5.3 STREET ADDRESS **51 rue Francois ler**  
5.4 CITY-ST-ZIP **75008 Paris, France**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME **Critchell, Simon**  
6.3 STREET ADDRESS **653 Fifth Avenue**  
6.4 CITY-ST-ZIP **New York, New York**

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 BOARD OFFICER OR DIRECTOR

*Handwritten Signature* **1/26/95** **212-446-3730**